



**UNIVERSITY OF COLORADO**  
**HOSPITAL**

**Memorandum**

Date: December 11, 2006

To: University of Colorado Hospital Physicians, Housestaff, Faculty, and Nursing Units

From: Ronald B. Lepoff, M.D.  
Medical Director, Clinical Laboratory  
Joan Coleman, M.B.A., MT (ASCP)  
Administrative Director, Clinical Laboratory

Re: ANNUAL NOTICE OF CPT CODING CHANGES & MEDICAL NECESSITY

The AMA's CPT Editorial Panel has made some changes and additions to CPT codes for 2007. These changes will directly affect the way our laboratory bills Medicare and other federal and state health care programs for these tests and may affect the amount of Medicare reimbursement we receive for each test.

Below is a discussion of specific changes affecting clinical laboratory tests. Please refer to the 2007 CPT Code Book for a complete listing of new, deleted and revised codes.

The 2007 Clinical Laboratory Fee Schedule can be accessed via the internet at [http://www.cms.hhs.gov/ClinicalLabFeeSched/02\\_clinlab.asp#TopOfPage](http://www.cms.hhs.gov/ClinicalLabFeeSched/02_clinlab.asp#TopOfPage). The Medicaid reimbursement amount will be equal to or less than the Medicare reimbursement amount.

**NEW CODES:**

CPT/HCPCS Code	Descriptor	National Fee Cap
82107	Alpha-fetoprotein; AFP-L3 fraction isoform and total AFP (including ratio)	\$89.99
83698	Lipoprotein-associated phospholipase A <sub>2</sub> , (Lp-PLA <sub>2</sub> )	\$47.43
83913	Molecular diagnostics; RNA stabilization	\$18.66
86788	Antibody; West Nile virus, IgM	\$23.54
86789	Antibody; West Nile virus	\$20.11
87305	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Aspergillus	\$16.76

CPT/HCPCS Code	Descriptor	National Fee Cap
87498	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique	\$49.04
87640	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique	\$49.04
87641	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique	\$49.04
87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique	\$49.04
87808	Infectious agent antigen detection by immunoassay with direct optical observation; Trichomonas vaginalis	\$16.76

#### REVISED CODES:

Reimbursement remains the same for these codes.

CPT/HCPCS Code	Descriptor ( <i>changes indicated by underscore and strikethrough</i> )
87088	Culture, bacterial; with isolation and presumptive identification of <del>isolates</del> <u>each isolate</u> , urine
88106	Cytopathology, fluids, washes or brushings, except cervical or vaginal; <u>simple</u> filter method <del>only</del> with interpretation
88107	Cytopathology, fluids, washes or brushings, except cervical or vaginal; smears and <u>simple</u> filter preparation with interpretation
89060	Crystal identification by light microscopy with or without polarizing lens analysis, <u>tissue or</u> any body fluid (except urine)

#### MEDICAL NECESSITY REQUIREMENT

Medicare will only pay for tests that meet the Medicare coverage criteria and are reasonable and necessary for treatment and diagnosis. **Medicare generally does not cover routine screening tests.**

Local Medical Review Policies (LMRP) and National Coverage Determinations (NCD) specify tests that have limited coverage under Medicare, list covered diagnosis codes for these tests, and may be viewed at <http://www.trailblazerhealth.com/coverage/index.asp>.

Physicians must provide ICD-9 codes or diagnoses with all outpatient laboratory requests to support medical necessity. Please note that the Clinical Laboratory requisitions are designed with this purpose in mind.

**Note:** Medicare will not cover services when a “rule-out” diagnosis is provided. Code the condition(s) to the highest degree of certainty for that encounter/visit, such as signs, symptoms, abnormal test results, exposure to communicable disease or other reasons for the visit.

When you order individual tests or any organ and disease oriented panels, please remember that for laboratories to bill Medicare, **each and every test, including each component of a panel, must be medically necessary** for the treatment or diagnosis of the particular patient being tested.

Reminder: A signed Advanced Beneficiary Notice (ABN) should be obtained **before service is rendered** from any outpatient for whom there is reasonable doubt that Medicare will provide coverage for specific lab tests or other services.

### QUESTIONS?

Please do not hesitate to contact Karin Ingle, Administrative Lab Coordinator, at (303) 372-0335 if you have any questions about the changes for 2007.

For questions regarding appropriateness of tests, please contact our Clinical Consultants:

Chemistry	Bradley Brimhall, M.D.	303-372-0324
Coagulation	Jerry Lefkowitz, M.D.	303-724-3905
Microbiology	Nancy Madinger, M.D.	303-315-7233
Hematology	John Ryder, M.D.	303-724-3708
Transfusion Medicine	Hannis Thompson, M.D.	303-372-0346
Virology	Adriana Weinberg, M.D.	303-315-4624