

Annual Laboratory Notice to Physicians

Dear Physician:

In our ongoing efforts to improve the efficiency of our lab as well as the quality of your experiences with our lab, we have drafted this annual notice to provide you and your staff with some basic, yet significant, information. We hope that you and your staff find this information helpful and thank you in advance for your cooperation in adhering to our Laboratory Compliance requirements.

Laboratory Leadership

- Medical Laboratory Director: Dr. Richard Wells
 - Phone 256-543-5249
- Administrative Laboratory Director: Elizabeth Waller MT(ASCP)
 - Phone 256-543-5782
 - Fax 256-546-9276
 - Cell 256-490-8274
- Point of Care Coordinator/Quality: Jo Cothran MT(ASCP)
 - Phone 256-543-5247
- Reference Lab/Phlebotomy Supervisor: Vester “Dee” Ledbetter MT(AMT)
 - Phone 256-543-5250
 - Phone 256-543-5798
- Blood Bank Section Head: Terry Williams MT(AMT)
 - Phone 256-543-5251
- Chemistry Section Head: Patsy Gooch MT(ASCP)
 - Phone 256-543-5254
- Histology/Pathology Section Head: Tabby Woodard MLT(ASCP)
 - Phone 256-543-5248
- Hematology/Coagulation Section Head: Patsy Kendrick MT(ASCP)
 - Phone 256-543-5255
- Microbiology/Serology/Urinalysis Section Head: Michelle Stovall MT(ASCP)
 - Phone 256-543-5240

- Main Laboratory
 - Phone 256-543-5250

- Bay Street Lab (Medical Arts Building)
 - Phone 256-546-4793

- Pathology Transcriptionist/Secretary: Nancy Smith
 - Phone 256-543-5253
 - Fax 256-543-5456

Medical Necessity

The federal government will only pay for tests that are covered, reasonable, and medically necessary given the patient's clinical condition. Since labs do not treat patients, or make medical necessity decisions, it is important that the Physician, or other authorized individuals, ordering lab tests make an independent medical necessity decision on each lab test ordered and submit diagnosis information for each test ordered.

Lab Requisition Form (attachment "A")

Attached please find a copy of the hospital's lab requisition form. The form sets forth the tests available at our lab and has been designed to capture the necessary information required by federal and private healthcare programs as well as to promote conscious ordering of tests. The information that you submit on the lab requisition form or other approved order form must accurately reflect the medical reasons for requesting the specified tests. In addition, the medical necessity and order for each of the individual tests you order must be appropriately documented in the patient's medical record. If the necessary information is not provided or otherwise not clear, such as a diagnosis, then the hospital staff will contact the physician or other authorized person.

We strongly encourage all physicians to use the hospital lab requisition form each time that you order a test from the lab.

Organ and Disease Panels

Medicare has a list of organ and disease related panels that are acceptable and chargeable to Medicare only when all components are medically necessary. Some tests in these panels may be subsets of other panels and may not be ordered together or on the same date of service. In addition, it is not appropriate to order the components of a panel individually.

Local Medical Review Policies (“LMRP’s) and Local Coverage Determinations (“LCD’s)

LMRP’s and LCD’s relate to a Medicare Carrier’s (Payor) decision when and under what circumstances a service will be considered covered, reasonable and necessary, and what documentation will support the need for the service. Attached is an index of LMRP’s, the full text of the LMRP’s can be found at www.mutualmedicare.com.

The hospital has installed software that is designed to screen tests to determine if they are reasonable and necessary in accordance with the relevant LMRP’s. The software compares the patient’s diagnosis and ordered test(s) with the LMRPs to verify coverage. If the physician has failed to provide diagnostic information or has only provided a narrative diagnosis that is not easily identifiable with an ICD-9 code, the physician, or other authorized person, will be contacted for the information.

Advance Beneficiary Notices (“ABN’s) (attachment “B”)

If a test is determined to not be reasonable and necessary, the patient will be required to sign an ABN. An ABN is a notice to a patient that the government may not pay for the test(s) and that the patient may be personally responsible for the cost of the test(s). If the patient does not sign the ABN, the lab may choose not to perform the test(s). We encourage you to print the LMRP’s that relate to tests you order and familiarize yourself with pertinent information.

If you order a test(s) for a patient that requires an ABN, please present the patient with the ABN form, explain that the ordered test may not be covered, and have the patient fill out the ABN at your office prior to sending the patient and/or a specimen to the hospital. If the patient brings a signed ABN, or a signed ABN is provided with the specimen, this will significantly expedite our process as well as reduce any inconvenience to you or your patients.

Customized Profiles

Each test in a customized profile must be covered, reasonable, and necessary, otherwise Medicare will not pay for the test and an ABN will be necessary.

Approved Laboratory Testing Panels

The American Medical Association (AMA) has approved eight Organ or Disease Oriented Panels. The tests listed in each panel identify the defined components of that panel. These panel components are not intended to limit the performance of other tests. If a test is ordered in addition to those specifically indicated for a particular panel, that test will be reported separately, conversely, if a test is a part of the panel, please **do not** order that test separately.

The attached table is organized to show the organ/disease oriented panels and all the

individual chemistry tests associated with that panel:

CPT Code	Approved Panel	CPT Code	Approved Panel
80047	Basic Metabolic Panel (Calcium, ionized):	80061	Lipid Panel:
	Calcium (82330)		Cholesterol, serum, total (82465)
	Carbon dioxide (82374)		Lipoprotein, direct measurement, high density cholesterol – HDL Cholesterol (83718)
	Chloride (82435)		Triglycerides (84478)
	Creatinine (82565)	80069	Renal Function Panel:
	Glucose (82947)		Albumin (82040)
	Potassium (84132)		Calcium (82310)
	Sodium (84295)		Carbon dioxide – bicarbonate (82374)
	Urea Nitrogen – BUN (84520)		Chloride (82435)
	(Do not use 80047 in addition to 80053)		Creatinine (82565)
80048	Basic Metabolic Panel (Calcium, total):		Glucose (82947)
	Calcium (82310)		Phosphorus inorganic – phosphate (84100)
	Carbon dioxide (82374)		Potassium (84132)
	Chloride (82435)		Sodium (84295)
	Creatinine (82565)		Urea Nitrogen – BUN (84520)
	Glucose (82947)	80074	Acute Hepatitis Panel:
	Potassium (84132)		Hepatitis A antibody- HAAb, IgM antibody (86709)
	Sodium (84295)		Hepatitis B core antibody- HBcAb, IgM antibody (86705)

	Urea Nitrogen – BUN (84520)		Hepatitis B surface antibody- HBsAg (87340)
	(Do not use 80048 in addition to 80053)		Hepatitis C antibody (86803)
80051	Electrolyte Panel:	80076	Hepatitis Function Panel:
	Carbon dioxide (82374)		Albumin (82040)
	Chloride (82435)		Bilirubin, total (82247)
	Potassium (84132)		Bilirubin, direct (82248)
	Sodium (84295)		Phosphatase, alkaline (84075)
80053	Comprehensive Metabolic Panel:		Protein, total (84155)
	Albumin (82040)		Transferase, alanine amino – ALT or SGPT (84460)
	Bilirubin , Total (82247)		Transferase, aspartate amino – AST or SGOT (84450)
	Calcium (82310)		(Do not use 80076 in addition to 80053)
	Carbon dioxide –bicarbonate (82374)		
	Chloride (82435)		
	Creatinine (82565)		
	Glucose (82947)		
	Phosphatase, alkaline (84075)		
	Potassium (84132)		
	Sodium (84295)		
	Transferase, alanine amino – ALT or SGPT (84460)		
	Transferase, aspartate amino – AST or SGOT (84450)		
	Urea Nitrogen – BUN (84520)		
	Do not use 80053 in addition to 80048, 80076		

Standing Orders

The hospital will allow the use of standing orders when executed in connection with an extended course of treatment and written for a fixed period of time, not to exceed one year. These standing orders will require periodic review every 90 days by the ordering physician to verify continued medical necessity.

Reflex Testing

Reflex testing occurs when initial test results are positive or outside normal parameters and indicate that a second related test is medically appropriate. It is the policy of this facility to only perform reflex testing when indicated with the physician's original order, in a new physician order, or pursuant to the laboratory policy on reflex testing as approved by the Hospital Medical Staff. Physicians must provide a written order if they want to override reflex testing performed pursuant to the written lab policy. Any questions please contact the laboratory for further information.

Legal

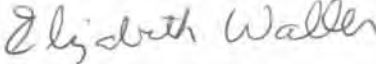
As part of this notice to physicians, the Office of Inspector General (OIG) has requested that we inform all ordering physicians that they take the position that an individual who knowingly causes a false claim to be submitted may be subject to sanctions or other remedies available under civil, criminal, and administrative law.

We realize that you have choices and appreciate that you have chosen to use Riverview Regional Medical Center Laboratory. If you have any questions or comments, please do not hesitate to call.

Sincerely,



Laboratory Medical Director



Elizabeth Waller
Laboratory Director

Attachment A



LABORATORY REQUISITION

BILL TO: Medicare/Medicaid		Account		Patient		Commercial	
Please Print: PATIENT INFORMATION				GUARANTOR INFORMATION			
NAME: LAST		FIRST		NAME: LAST		FIRST	
		MI				MI	
DOB		SEX: Female Male		RELATIONSHIP TO PATIENT:			
ADDRESS:				ADDRESS:			
CITY/STATE/ZIP:				CITY/STATE/ZIP:			
HOME PHONE:				HOME PHONE:			
EMPLOYER:				EMPLOYER:			
EMPLOYER PHONE:				EMPLOYER PHONE:			
PLEASE ATTACH COPY (FRONT AND BACK) OF INSURANCE CARDS Please provide an ICD-9 code for each test ordered							
INSURANCE COMPANY:				POLICY #:			
ORDERING PHYSICIAN:				Date Collected:		Time Collected:	
<p>NOTIFICATION TO PHYSICIANS LEGALLY AUTHORIZED TO ORDER TESTS FOR WHICH MEDICARE REIMBURSEMENT WILL BE SOUGHT. Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for tests for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician considers the tests appropriate for the patient.</p>							

ORGAN OR DISEASE PANELS	ICD-9	ALPHABETICAL CONTINUED	ICD-9	ALPHABETICAL CONTINUED	ICD-9
Bone Metabolic	8008	Creatinine	8560	Thyrophilics	80198
Camp Metabolic	8003	Diagnosis	80162	Tk Total	8448
Electrolytes	8004	Urea Nitro	8228	Tc Inv	8449
Hepatic Function	8007	Uolau	8280	Tenhsocides	84478
Hepatic Panel	8004	UGT	8507	Tc Uptake	84480
Lipid Panel	8006	Ulinone	8203	USI	8444
Renal Panel	8005	UphSC	8308	Ure Acid	8450
HEMATOLOGY		URIC Acid	8470	Uromycin	8100
CBC w/ Diff w/ Plt	8503	URIC Creat	8470	Uric Urine System	8445
CBC w/ ODF	8503	URIC	8518	Uric Urine Creat-U	8275
Hemazaw	8004	Ugulin IgG	8677	MICROBIOLOGY	
Hemoglobin	8008	Hep B Antibody	8700	Eye	Urine
Platelet Count	8009	Hep B Antigen	8700	Eye	Body Fluid
WBC Count	8510	Hep C Antibody	8990	Nose	Wound
ALPHABETICAL TESTS		HIV Antibody	8750	Throat	Alveoli
ALT	8008	Iron Total	8510	ICD-9	
Alb	8004	LDH	8061	Bacterial Culture - Source:	
Alk Phos	8005	Lipase	8080	Gram Stain	
ANCA (S/P)	8440	Magnesium	8570	Respiratory Culture - Source:	
ANCA	8005	Methicillin	8018	Stool Culture:	
ANCA (S/P)	8440	Thrombolytic	8018	Urine Culture - Cath or C/C	
ANCA	8005	Thrombolytic	8018	Urine Culture - Cath or C/C	
ANA	8005	Urea Nitro	8228	Urine Culture - Cath or C/C	
AST (SGPT)	8008	Urea Nitro	8228	Urine Culture - Cath or C/C	
BIL	8008	Urea Nitro	8228	Urine Culture - Cath or C/C	
Bilirubin Total	8220	Urea Nitro	8228	Urine Culture - Cath or C/C	
BUN	8008	Urea Nitro	8228	Urine Culture - Cath or C/C	
Cadmium	8008	Urea Nitro	8228	Urine Culture - Cath or C/C	
Carbonic Anhydrase	8008	Urea Nitro	8228	Urine Culture - Cath or C/C	
CEA	8008	Urea Nitro	8228	Urine Culture - Cath or C/C	
Cholesterol	8008	Urea Nitro	8228	Urine Culture - Cath or C/C	

<p>I have ordered these tests and deem them medically necessary.</p> <p>Physician Signature: _____ Date: _____</p>	<p>RIVERVIEW REGIONAL MEDICAL CENTER 600 South Third Street Gadsden, Alabama 35901 CLIA # 01D0027078</p>
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Attachment B

A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
 - Ask us any questions that you may have after you finish reading.
 - Choose an option below about whether to receive the D. _____ listed above.
- Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

OPTION 1. I want the D. _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

OPTION 2. I want the D. _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

OPTION 3. I don't want the D. _____ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy

I. Signature:	J. Date:
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850