

Blue Shield Report

A NEWSLETTER FOR PROFESSIONAL PROVIDERS AND THEIR STAFF MEMBERS

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ACKNOWLEDGEMENT:

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QUESTIONS:

Contact your Professional Relations Representative, or the Professional Relations Hotline at **1-800-432-3587**, or in the Topeka area, **785-291-7060**.

OUR WEB ADDRESS:

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2001 Clinical Lab

The July of 2000 contract mailing communicated changes in Policy Memo No. 7. These changes will be reflected in the 2001 remittance advice and it is suggested that providers review Current Procedural Terminology (CPT) clinical lab panel definitions.

When are the changes effective?

Effective January 1, 2001, the Blue Cross and Blue Shield claims system will be updated to replace the current guidelines for lab processing with the 2001 changes. After the effective date, all claims will be processed with the new guidelines, regardless of when the actual date of service occurred. For example, a lab service provided on November 3, 2000, submitted for payment on January 6, 2001, will be processed by the new guidelines.

What has changed?

In summary, the following changes in Policy Memo No. 7 were implemented for 2001:

- Wording was added clearly stating that venipuncture would be reimbursed when no other professional service, such as an E & M, is billed on the same day.
- Blue Cross and Blue Shield of Kansas (BCBSKS) will only lump codes into lab panels containing those clinical laboratory services specified by Current Procedural Terminology (CPT).

How do providers know when lab has been bundled?

The remittance advice will report the individual tests billed that have been bundled into a panel with a remark code RME "Multiple procedures can be combined under a

99000-22 Clarification in Policy Interpretation

A handling fee will be allowed once a day, when lab tests are sent to an outside lab. To receive reimbursement for sending the specimen to an outside lab, modifier 22 must be attached to the handling code 99000; otherwise it will be denied as content of service.



procedure code” and zero in the amount allowed column. The amounts of the individual tests will be totaled and a new line item created with the panel code that will represent the Maximum Allowable Payment (MAP) for the billed test(s). When billing for individual tests that are contained in several panels, the bundling process will begin with the least defined panel to the greatest defined panel. The Reimbursement Methodology Sheet will assist providers in interpreting the bundling process.

Also attached is a new 2001 Lab Fee Schedule. The fee schedule includes only the codes with established MAPs. Allowances have not been established for the new 2001 lab codes. Providers are encouraged to submit claims for these services in the same manner as any other new code.

New 2001 Lab Codes – Short Descriptions

80157	ASSAY, CARBAMAZEPINE; free
80173	ASSAY OF HALOPERIDOL
82373	ASSAY, C-D TRANSFER MEASURE
82945	GLUCOSE OTHER FLUID
83090	ASSAY OF HOMOCYSTEINE
83663	FLUORIO POLARIZE, FETAL LUNG
83664	LAMELLAR BODY, FETAL LUNG
83921	ORGANIC ACID, SINGLE, QUANTITATIVE
84152	ASSAY OF PSA, COMPLEXED
84591	ASSAY OF VITAMIN, NOS
85307	ASSAY ACTIVATED PROTEIN C
85536	IRON STAIN PERIPHERAL BLOOD
86001	ALLERGEN SPECIFIC IGG
86146	GLYCOPROTEIN ANTIBODY
86294	IMMUNOASSAY, TUMOR QUAL
86300	IMMUNOASSAY, TUMOR, CA 15-3
86301	IMMUNOASSAY, TUMOR, CA 19-9
86304	IMMUNOASSAY, TUMOR, CA 125
86611	BARTONELLA ANTIBODY
86666	EHRlichia ANTIBODY
86683	HEMOGLOBIN, FECAL ANTIBODY
86696	HERPES SIMPLEX TYPE 2
86757	RICKETTSIA ANTIBODY
87046	STOOL CULTURE, BACTERIA, EACH
87071	CULTURE BACTERIA, AEROBIC OTHER

87073	CULTURE BACTERIA ANAEROBIC
87077	CULTURE AEROBIC IDENTIFY
87107	FUNGI IDENTIFICATION, MOLD
87149	CULTURE TYPE, NUCLEIC ACID
87152	CULTURE TYPE PULSE FIELD GEL
87168	MACROSCOPIC EXAM ARTHROPOD
87169	MACROSCOPIC EXAM PARASITE
87172	PINWORM EXAM
87185	MICROBE SUSCEPTIBLE, ENZYME
87254	VIRUS INOCULATE, SHELL VIAL
87273	HERPES SIMPLEX 2, AG, IF
87275	INFLUENZA B, AG IG
87277	LEGIONELLA, MICDADEI, AG, IF
87279	PARAINFLUENZA, AG, IF
87281	PNEUMOCYSTIS CARINII
87283	RUBEOLA, AG, IF
87300	AG DETECTION, POLYVALENT, IF
87327	CRYPTOCOCCUS NEOFROM AG, EIA
87336	ENTAMOEB HISTOLYTICA DISPAR GROUP, AG, EIA
87337	ENTAMOEB HISTOLYTICA GROUP, AG, EIA
87339	HELICOBACTER PYLORI AG, EIA
87341	HEPATITIS B SURFACE, AG, EIA
87400	INFLUENZA A/B, AG, EIA
87427	SHIGA-LIKE TOXIN AG, EIA
87451	AG DETECT POLYVAL, EIA, MULT
87800	DETECT AGNT MULT, DNA, DIRECT
87801	DETECT AGNT MULT, DNA, AMPLI
87901	GENOTYPE, DNA/RNA. HIV 1
87903	PHENOTYPE W/DRUG CULT HIV 1
87904	PHENOTYPE DRUG CULT HIV 1
88400	BILIRUBIN TOTAL TRANSCUTANEOUS
89321	SEMEN ANALYSIS

The list of adjacent lab codes have been deleted and should not be used for billing after the grace period, which extends up to March 31, 2001.

Deleted Lab Codes for 2001			
82251	87085	87155	87208
87060	87087	87163	87211
87072	87117	87174	
87082	87145	87175	
87083	87151	87192	