

Compliance

Sentara is committed to complying with all government policies, and other regulations pertaining to insurance and healthcare. This program includes policies and procedures for the laboratory, registration, and billing departments. The policies also cover requirements for training employees, communication with our physician community and in some cases our vendors.

On the following pages, you will find the 2009 version of the communication sent to area practicing physicians. The test list mentioned has been incorporated with the extensive menu of tests offered and posted on this website. If you have any questions about our Laboratory Compliance Program, please contact Kim Behm, Compliance Officer for Sentara Reference Laboratory at (757) 395-6975.

Sample annual compliance letter



SENTARA™

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Norfolk, VA 23507
757.388.3621
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compliance

July 27, 2009

Dear Physician:

Sentara Reference Laboratory is proud to serve the physicians and patients of Southeastern Virginia and Northeastern North Carolina. As Hampton Roads' only full-service reference laboratory, each year Sentara Reference Laboratory (SRL) discloses information about our billing practices and compliance policies as required by the Office of the Inspector General's (OIG) Model Compliance Plan for Clinical Laboratories.

The OIG plan states that laboratories provide healthcare professionals with an annual written communication addressing various policies that affect ordering, performing and billing clinical laboratory tests. Details regarding Sentara Reference Laboratory's policies are contained in this communication.

If you have any questions or would like more information about the topics covered in this compliance communication, I may be contacted at 757/388-1052 or via email at KPBEHM@sentara.com. If you have questions about any other services that Sentara Laboratory Services offers, please contact your Marketing Representative, visit our website at www.sentara.com/lab or contact Client Services at 757/388-3621.

Sincerely,

Kim Behm
Compliance Officer
Sentara Laboratory Services

inside:

- ◆ Test Ordering, Performing and Billing Policies
- ◆ Clinical Consultant List
- ◆ Medicare Reimbursement Lists

Please note: This letter is provided as a sample of the annual compliance letter sent to all Sentara Laboratory Services clients and physicians. To obtain the latest compliance letter or if you have any questions about the compliance program, please contact Ms. Kim Behm, Compliance Officer at 757/395-6975.

clinical consultants

Clinical Consultants

Clinical consultant services are available by contacting the following professionals:

Clinical Services:	Stephanie Spingarn, M.D., Director, 757/388-3096 Valerio M. Genta, M.D., (SVBGH), 757/481-1159
Cytogenetics:	Jennifer Winters, Ph.D., Director, 757/388-1045
Molecular Diagnostics:	Suhail Nasim, M.D., Director, 757/388-5910
Flow Cytometry:	Stephen Fisher, M.D., 757/388-3218 W. Tang, M.D., (SVBGH), 757/481-1159 or 680-0005
Cytology:	Robert Pu, M.D., 757/388-0133 June Shen, M.D., (SVBGH) 757/481-1159 or 680-0889

Surgical Pathology

All surgical pathology testing will incur separate professional charges. Other clinical tests and pap smears, based on results, may also incur separate professional charges. Professional charges appear on a separate bill from testing. A list of clinical tests that have a separate professional charge is included below.

<u>Clinical Test</u>	<u>CPT Code</u>
Blood Platelet Aggregation	85576
Crystal Examination	89060
Fibrinolysins/Coagulopathy	85390
Hemoglobin Electrophoresis	83020, 80500
Nuclear Molecular Diagnostics	83912
Protein Electrophoresis - serum	84165
Protein Electrophoresis – urine; CSF	84166
Smear, Parasites (malaria, etc.)	87207
Protein Immunofixation (IFE)	
Serum;	86334
Urine, CSF;	86335

clinical pathology

Test and Medicare Reimbursement Listing

Reflex testing, test panels and profiles with multiple billable CPT codes are listed in the charts on the following pages with corresponding CPT codes and expected Medicare reimbursement.

Ordered Test CPT Code	2009 Medicare Reimbursement	Reflex Test CPT Code	2009 Medicare Reimbursement
Allergy Inhalant Panel (six separate mixes) 86003 x 6	\$7.62 each mix	Additional tests performed depending on positive mix. Allergy Animal - 86003 x 2 Allergy Dust - 86003 Allergy Grass - 86003 x 3 Allergy Mold - 86003 x 4 Allergy Tree - 86003 x 10 Allergy Weed - 86003 x 8	\$15.24 \$7.62 \$22.86 \$30.48 \$76.20 \$60.96
ANA Screen 86038	\$17.65	ANA Titer - 86039	\$16.30
Anti-neutrophil Cytoplasmic AB 86255	\$17.60	If P-ANCA + = MPO antibody 83520 If C-ANCA + = PR-3 antibody 83520	\$18.91 \$18.91
Breast Tumor Surgical Pathology Mastectomy, partial/simple 88307* or Mastectomy, with lymph node 88309*	\$197.79* \$298.64*	HER-2/neu 88342*, If 2+ positive upon pathologist interpretation then, FISH ER/PR 88342* x 2	\$93.68* \$187.36*
Cryptococcal Antigen (serum or fluid) 87327	\$17.52	Cryptococcal Antigen Titer (serum or fluid) 87449	\$17.52
Culture, AFB 87116 and 87206	\$23.11	M. tuberculosis by PCR 87556	\$48.02
Culture, Anaerobic 87075	\$13.81	Organism ID (may be more than one per culture) 87076	\$11.80
Culture, Blood 87040	\$15.07	Sensitivity (may be more than one per culture) 87186	\$12.62
Culture, Urine 87086	\$11.77	Organism ID (may be more than one per culture) 87077	\$11.80
Culture, Other 87070 includes respiratory, wound and or abscess	\$12.57		
Culture, Stool 87045 and 87046 + 87427	\$5.10 + \$5.10 + \$17.52 = \$27.72		
Culture, Fungus 87102	\$12.26	Fungus identification (may be more than one per culture) 87106	\$15.07
Culture, Throat – Strep Only 87081	\$9.69	Organism ID (may be more than one per culture) 87077	\$11.80
Direct Antiglobulin 86880	\$7.84	Monospecific Testing 86880 x 2	\$15.68
HIV Ab by EIA 86701	\$12.96	HIV Western Blot 86689	\$28.26
Lyme Abs 86618	\$24.87	Lyme Western Blot IgG & IgM 86617 x 2	\$45.22
Pap Smear, Liquid Based 88142	\$29.58	If ASCUS, then HPV amplified range 87621	\$48.02
RPR 86592	\$5.94	RPR Titer 86593 FTA Ab 86781	\$6.43 \$19.34
Streptozyme 86063	\$8.44	ASO Ab 86060	\$10.21
Thyroid Cascade TSH 84443	\$24.53	T4 Free 84439 T3 Free 84480	\$13.17 \$20.70

Thyroid Replacement TSH 84443	\$24.53	T4 Free 84439	\$13.17
Lipid Complete 80061	\$19.57	If Triglycerides > 250, then Direct LDL 83721	\$13.93
Urinalysis automated 81003, microscopic if indicated	\$3.28	If microscopic indicated then 81003 credited and Urinalysis automated with microscopy 81001 is billed	\$4.63

* Includes professional fees

Transfusion Services Test	CPT Codes	2009 Medicare Reimbursement
Immune D Screen	86900, 86901, 85461	\$4.35, \$4.35, \$9.69
Cord Blood Screen	86900, 86901, 86880	\$4.35, \$4.35, \$7.84
Crossmatch	86900, 86901, 86850*, 86920* or 86922*	\$4.35, \$4.35,*
Additional Crossmatch	86900, 86901, 86920* or 86922*	\$4.35, \$4.35, *
Indirect Antiglobulin 86850*	if indicated then 86870*, 86905, 86880 x 3, 86970*, 86886	*, \$5.58, \$7.84 x 3, *, \$7.56
Direct Antiglobulin	86880 x 3, 86860* - if indicated	\$7.84 x 3, *
Transfusion Reaction	86078*, 81003, 83010 if indicated	*, \$3.28, \$18.37
Type and Screen	86900, 86901, 86850*	\$4.35, \$4.35, *

* Not included on fee schedule

Please note: Frequently ordered tests with multiple billable CPT codes can be found on pages 6-9.

Frequently Ordered Tests with Multiple Billable CPT Codes	CPT Codes	2009 Medicare Reimbursement
A/B Ratio	82040, 84155	\$7.23 + \$5.35 = \$12.58
AFP Triple Screen (Maternal)	82105, 84702, 82677	\$24.49 + \$21.98 + \$35.31 = \$81.78
AFP TETRA Screen (Maternal)	82105, 84702, 82677, 86336	\$24.49 + \$21.98 + \$35.31 + \$22.75 = \$104.53
Antiplatelet Antibody (APA)	86023, 86022 x 5	\$14.15 + \$26.82 x 5 = \$148.25
Apolipoprotein Panel	82172 x 2	\$22.62 x 2 = \$45.24
BCR-ABL Quantitative	83891, 83896 x 4, 83898 x4, 83902, 83912	\$5.72 + 5.72 x 4 + 24.47 x 4 + \$5.72 + 5.72 = \$137.92
B Pertussis/Parapertussis PCR	87798 x 2	\$48.02 x2 = \$96.04
Bartonella Antibodies (Cat Scratch)	86611 x 4	\$14.85 x 4 = \$59.40
Beta-2 Glycoprotein Antibodies	86146 x3	\$33.73 x 3 = \$101.19
Bilirubin, Indirect	82248, 82247	\$7.33 + \$7.33 = \$14.66
Body Fluid Profile	89051, 84315, 84157	\$8.04 + \$ + \$5.35 = \$19.12
Bordetella Pertussis IgG/IgM	86615 x 2	\$19.25 x 2 = \$38.50
Brucella Antibodies	86622 x 2	\$13.05 x 2 = \$26.10
CD4 W/ CBC/DIFF	86361	\$39.09
CD4/CD8	86361, 86360	\$39.09 + \$68.60 = \$107.69
CSF Profile	89051, 82945, 84157	\$8.04 + \$ 5.73 + \$5.35 = \$19.12
Cardiolipin Antibody Profile	86147 x 3	\$33.73 x 3 = \$101.19
Chromosome Study, Amniotic fluid	88235, 88269, 88285, 88280, 88291*	\$76.94 + \$242.84 + \$27.74 + \$36.64 + \$27.72 = \$411.88
Chromosome Study, Blood/lymph	88230, 88262, 88291*	\$76.94 + \$181.98 + \$27.72 = \$286.64
Chromosome Study, Bone Marrow	88237, 88264, 88280 x 2, 88291*	\$184.41 + \$181.98 + \$36.64 x 2 + \$27.72 = \$467.39
Chromosome Study, High Resolution	88230, 88262, 88289, 88291*	\$76.94 + \$181.98 + \$50.28 + \$27.72 = \$336.92
Chromosome Study, Chorionic Vil	88235, 88267, 88285, 88280, 88291*	\$76.94 + \$262.47 + \$27.74 + \$36.64 + \$27.72 = \$431.51
Chromosome Study, Leukemic Blood	88237, 88264, 88280 x 2 , 88291*	\$184.41 + \$181.98 + \$36.64 x 2 + \$27.72 = \$467.39
Chromosome Study, Solid Tissue	88233, 88262, 88291*	\$76.94 + \$181.98 + \$27.72 = \$286.64
Chromosome Study, Tumor	88239, 88264, 88280 x 2, 88291*	\$199.41 + \$181.98 + \$36.64 x 2 + \$27.72 = \$482.39

Cortisol Bind Glob w/Free Cort	84449, 82533	\$26.28 + \$23.81 = \$50.09
Coxsackie A Virus AB Panel, CF	86658 x 6	\$19.03 x 6 = \$114.18
Coxsackie B Virus AB Panel, CF	86658 x 6	\$19.03 x 6 = \$114.18
Culture, Tissue	87070, 87176	\$12.57 + \$8.54 = \$21.16
Cystic Fibrosis DNA Profile	83891, 83900, 83901 x 14, 83909, 83912, 83914 x 25	\$5.72 + \$48.95 + \$24.47 x 14 + \$24.47 + \$5.72 + \$24.47 x 25 = \$1,039.19
DIC Screen	85610, 85730, 85384, 85378	\$5.74 + \$8.76 + \$12.40 + \$10.41 = \$37.31
DNA Ploidy with Surgical Pathology	88358*, 88309* x 2	\$73.29 + \$298.64 x 2 = \$670.57
Drug Screen Urine	80101 x 6	\$20.11 x 6 = \$120.66
Drug Panel Basic	80101 x 2	\$20.11 x 2 = \$40.22
Drug Screen Complete	80101 x 9	\$20.11 x 9 = \$189.99
Echo Virus ABS, Panel	86658 x 5	\$19.03 x 5 = \$95.15
Ehrlichia Antibodies	86666 x 2	\$14.85 x 2 = \$29.70
ENA Antibodies	86235 x 2	\$26.18 x 2 = \$52.36
FISH Aneuvision	88271 x 5, 88275 x 2, 88291*	\$31.27 x 5 + \$58.74 x 2 + \$27.74 = \$301.57
FISH Cytogenetic (per probe)	88271, 88273, 88291*	\$31.27 + \$46.91 + \$27.72 = \$105.90
FISH Subtelomeres	88271 x 41, 88272 x 15, 88291*	\$31.27 x 41 + \$39.09 x 15 + \$27.72 = \$1,896.14
FISH Urovysion® (automated)	88367* x 4, 88274	\$225.04 x4 + \$50.82 = \$950.98
FISH Urovysion® (non automated)	88368* x 4, 88274	\$198.41 x4 + \$50.84 = \$844.46
FISH Her2 (automated)	88367* x 2, 88274	\$225.04 x 2 + \$50.82 = \$500.90
FISH Her2 (non automated)	88368* x 2	\$198.41 x 2 = \$50.82 = \$447.64
Factor V Leiden	83903, 83898, 83890, 83912*	\$24.47 + \$24.47 + \$5.72 \$5.72 = \$60.38
Febrile Agglutinins	86000 x 4, 86768 x 5, 86622 x 2	\$7.63 x 4 + \$19.25 x 5 + \$13.05 x 2 = \$152.87
Folic Acid, Serum/Vitamin B12	82746 82607	\$21.47 \$22.01
Free K&L Light Chains, QN, SER	83883 x 2	\$19.85 x 2 = \$39.70
Fungal Antibody Screen, ID	86698, 86612, 86635, 86606	\$18.25 + \$18.84 + \$16.75 + \$21.98 = \$75.82
GC/Chlamydia DNA Probe	87490, 87590	\$28.58 + \$28.58 = \$57.16
GC/Chlamydia Nucleic Amp.	87491, 87591	\$48.02 + \$48.02 = \$96.04
Globulin	82040, 84155	\$7.23 + \$5.35 = \$12.58
Glucose Tolerance Testing	82951, 82952 if indicated	\$15.27 + \$5.72 = \$20.99
HIV-1 Phenotype	87903, 87904 x 2	\$713.43 + \$38.06 x 2 = \$789.55
HPV Low/High DNA Testing	87621 x 2	\$48.02 x 2 = \$96.04
Hematocrit and Hemoglobin	85014, 85018	\$3.46 + \$3.46 = \$6.92
Hemochromatosis PCR	83912, 83890, 83898	\$5.72 + \$5.72 + \$24.47 = \$35.91
Herpes 6 IgG and IgM ABS	86790 x 2	\$18.81 x 2 = \$37.62

Herpes 7 IgG/IgM	86790 x 2	\$18.81 x 2 = \$37.62
Hyper Pneu Thermo	86331, 86602 x 5, 86606 x 5	\$17.50 + \$14.85 x 5 + \$21.98 x 5 = \$201.65
IgG Subclass	82787 x 4 , 82784	\$11.71 x 4 + \$13.54 = \$60.42
Immunoglobulins IgG, IgA, IgM	82784 x 3	\$13.58 x 3 = \$40.74
Immune Complex	86332 x 2	\$35.59 x 2 = \$71.18
Influenza Rapid Screen	87804 x4	\$17.52 x 2 = \$35.04
Iron Profile	83540, 83550	\$9.05 + \$12.21 = \$21.26
Jak 2 Mutation	83890, 83896 x 2, 83912*, 83907	\$5.72 + \$5.72 x 2 + \$5.72 + \$16.97 = \$39.85
Lead Screen	84202 x 2, 83655	\$20.95 x 2 + \$17.67 = \$59.57
Legionella IgM AB	86713 x 3	\$22.35 x 3 = \$67.05
Legionella Total AB	86713 x 3	\$22.35 x 3 = \$67.05
Leishmaniasis AB	86717 x 4	\$17.89 x 4 = \$71.56
Lipid Panel, Initial Cholesterol HDL	82465 83718	\$6.36 \$11.96
Lyme AB Western Blot	86617 x 2	\$22.61 x 2 = \$45.22
Lymphocyte Activation, Immuknow	86353 x 2	\$71.58 x 2 = \$143.16
MMR Panel	86735, 86762, 86765	\$19.06 + \$21.02 + \$18.81 = \$58.89
Meningitis/Encephalitis Panel	86658 x 7, 86735, 86308	\$19.03 x 7 + \$19.06 + \$7.56 = \$159.83
Motor and Sensory Neuropathy	83520 x 8, 86334, 86255	\$18.91 x 8 + \$32.62 + \$17.60 = \$201.50
Muscle Antibodies	86255, 86256	\$17.60 + \$17.60 = \$35.20
Myasthenia Gravis Profile	86255 x 2, 83519	\$17.60 x 2 + \$19.73 = \$54.93
Ova and Parasites	87177, 87210, 88312*, 87209	\$12.99 + \$6.23 + \$92.89 + \$20.38 = \$132.49
PFA 100 Assay	85576 x 2	\$31.37 x 2 = \$62.74
Parainfluenza ABS, CF	86710 x 3	\$19.80 x 3 = \$59.40
Parvovirus Panel	86747 x 2	\$21.95 x 2 = \$43.90
Phosphatidic Acid, IgG, IgA, IgM	86147 x 3	\$33.73 x 3 = \$101.19
Phosphatidylcholine, IgG, IgM, IgA	86147 x 3	\$33.73 x 3 = \$101.19
Phosphatidylethanolamine ABS	86147 x 3	\$33.73 x 3 = \$101.19
Phosphatidylinositol, IgG, IgM, IgA	86148 x 3	\$23.45 x 3 = \$70.35
Phosphatidylserine, IgG, IgM, IgA	86148 x 3	\$23.45 x 3 = \$70.35
Platelet Aggregation	85576 x 6	\$31.37 x 6 = \$188.22
Polio ABS, CF	86658 x 3	\$19.03 x 3 = \$57.09
Protein C Profile	85303, 85302	\$20.19 + \$17.55 = \$37.70
Prothrombin Gene Mutation	83903, 83898, 83890, 83912*	\$24.47 + \$24.47 + \$5.72 + \$5.72 = \$60.38
Respiratory Virus Panel PCR	87798 x 10	\$48.01 x 10 = \$480.20
Saccharomyces Cerevisiae AB	86671 x 2	\$17.90 x 2 = \$35.80
Sjogren's Antibodies	86235 x 2	\$26.18 x 2 = \$52.36
Synovial Profile	89051, 82945, 89060	\$8.04 + \$5.73 + \$10.44 = \$24.21
T Cell Rearrangement Beta	83890, 83898 x 3, 83907, 83909, 83912, *	\$5.72 + \$24.47 x 3 + \$16.77 + \$24.47 + \$5.72 = \$126.29
T Cell Rearrangement Gamma	83898 x 2, 83909, 83912, *	\$24.47 x 2 + \$24.47 + \$5.72 = \$79.13

T and B Cell Panel Supergroup	86361, 86360, 88184*, 88185*	\$39.09 + \$68.60 + \$73.52 + \$43.62 = \$224.83
T and B Panel – Pediatric	86361, 86360, 88184*, 88185* x 2	\$39.09 + \$68.60 + \$73.52 + \$43.62 x 2 = \$268.45
Tay Sachs Disease, DNA Analysis	83890, 83892, 83893, 83894, 83896, 83901, 83912	\$5.72 + \$5.72 + \$5.72 + \$5.72 + \$5.72 + \$24.47 + \$5.72 = \$58.79
Thrombotic Risk Panel 1	85307, 85613, 83090, 86147 x 3, 83903, 83898, 83890, 85390, *	\$23.37 + \$13.11 + \$24.62 + \$33.73 x 3 + \$24.47 + \$24.47 + \$5.72 + \$18 = \$234.82
Thrombotic Risk Panel 2	85303, 85306, 85300, 85420, 85390, *	\$20.19 + \$22.39 + \$16.26 + \$9.55 + \$18.00 = \$86.37
Thrombotic Risk Panel 3	85384, 85385, 85635, 85415, 85390, *	\$12.40 + \$12.40 + \$14.38 + \$25.10 + \$18.00 = \$82.28
Thyroid Antibody Profile	86376, 86800	\$21.25 + \$23.22 = \$44.47
VAP Lipid Profile	83701, 84311	\$36.24 + \$10.20 = \$46.44
West Nile	86788, 86789	\$24.60 + 21.02 = \$45.62
I-STAT EG 6+ - Na, K, pH, PCO ₂ , PO ₂ , Hct	84295, 84132, 82803, 85014	\$7.02 + \$6.70 + \$28.25 + \$3.46 = \$45.43
I-STAT 6+ - Na, K, Cl, BUN, Glu, Hct	84295, 84132, 82435, 84520, 82947, 85014	\$7.02 + \$6.70 + 6.70 + \$5.76 + \$5.73 + \$3.46 = \$35.37
I-STAT EC 4+ - Na, K, Glu, Hct	84295, 84132, 82947, 85014	\$7.02 + \$6.70 + \$5.73 + \$3.46 = \$22.91
I-STAT G 3+ - pH, PCO ₂ , PO ₂	82803	\$28.25
I-STAT E3+ - Na, K, Hct	84295, 84132, 85014	\$7.02 + \$6.70 + \$3.46 = \$17.28
I-STAT G – Glucose	82947	\$5.73

* Includes additional professional fee

Note: Any culture with a gram stain will incur a separate charge. All abscess, CSF, expectorated sputum, body fluid, bronchial, tissue and wound cultures will have a gram stain performed to provide rapid clinical information. Gram Stain, CPT 87205, \$5.96 Medicare Reimbursement. Medicare Reimbursement is based on clinical laboratory fee schedule published by Medicare.

All AFB smears will have an AFB Culture performed, if sufficient specimen is available. AFB Culture, CPT 87116, \$15.27. Medicare Reimbursement. Medicare Reimbursement is based on clinical laboratory fee schedule published by Medicare.