



PROVIDER BULLETIN 07-04

February 13, 2007

To: Dialysis Facilities
Independent Laboratory Providers
Hospitals
Nephrology Physicians

From: Mary Steiner, Medicaid Administrator

By: Janeen Berg, Program Specialist – Laboratory Services
Margaret Booth, Medicaid Program Manager – Dialysis Services

Re: Medicaid Reimbursement for End State Renal Disease (ESRD) Laboratory Tests

PLEASE SHARE THIS INFORMATION WITH CLINICAL, ADMINISTRATIVE, AND BILLING STAFF

This memo applies to patients that are only enrolled with Nebraska Medicaid.

The Nebraska Medical Assistance Program (NMAP) reimburses the cost of certain ESRD services that are routinely performed as part of the outpatient dialysis treatment in a single payment called a composite rate. NMAP uses Medicare established composite rates. Laboratory tests performed by either the dialysis facility or by an independent laboratory (by arrangement) included under the composite rate are NOT separately billable. Laboratory tests excluded from the composite rate are those that are either: not routinely provided as part of the outpatient dialysis treatment, or tests performed more frequently than allowed under the composite rate. Laboratory tests not included in the composite rate must be medically necessary for the treatment of the patient and the medical necessity must be documented in the medical record.

Laboratory tests must be billed individually with the appropriate HCPCS and line item date of service and include one of the three modifiers listed below:

- CD - the test part of the composite rate and is not separately billable.
- CE - the test is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity.
- CF - the test is not part of the composite rate and is separately billable.

Using these modifiers, Medicaid will identify tests that are either included or not included in the composite rate.

Two lists are included with this memo:

- A list of laboratory tests included in the composite rate and the allowed frequency;
- A list of non-composite tests separately payable outside the composite rate or beyond the normal frequency covered under the composite rate (This listing outlines the frequency allowed by Nebraska Medicaid).

If you have any additional questions, please contact Janeen Berg at 402-471-9342 or Margaret Booth at 402-471-9380.

LABORATORY TESTS – COMPOSITE RATE INCLUSION GUIDE

Name of Test	CPT/HCPCS Code	Hemodialysis (H)	Intermittent Peritoneal Dialysis (IPD)	Continuous Cycling Peritoneal Dialysis (CCPD)	Continuous Ambulatory Peritoneal Dialysis (CAPD)	Separately Billable Services
Albumin, serum	82040	Monthly	Monthly	Monthly	Monthly	
Alkaline Phosphatase	84075	Monthly	Monthly	Monthly	Monthly	
Aluminum	82108					Once every 3 months for H, IPD, CCPD & Hemofiltration
Blood Urea Nitrogen (BUN)	84520	Weekly or 13 tests per quarter	Weekly or 13 tests per quarter	Weekly or 13 tests per quarter	Monthly	
Calcium, Serum	82310, 82330	Monthly	Monthly	Monthly	Monthly	
Carbon Dioxide	82374				Monthly	
Chloride, Serum	82435	Monthly	Monthly	Monthly		
Clotting Time	85345, 85347, 85348	Per Treatment	Per Treatment	Per Treatment		
Complete Blood Count (CBC)	85025, 85027	Monthly	Monthly	Monthly		
Creatinine, Serum	82565	Weekly	Weekly	Weekly	Monthly	
Ferritin, Serum	82728					Once every 3 months for H, IPD, CCPD & Hemofiltration
Hematocrit	85013, 85014	Per Treatment	Per Treatment	Per Treatment	Monthly	

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Hemoglobin	85018, 83020, 83026	Per Treatment	Per Treatment	Per Treatment	Monthly	
Lactate dehydrogenase (LD, LDH)	83615	Monthly	Monthly	Monthly	Monthly	
Magnesium	83735				Monthly	
Phosphate, Serum	84100	Monthly	Monthly	Monthly	Monthly	
Platelet Count	85049				Once every 3 months	
Potassium, Serum	84132	Monthly	Monthly	Monthly	Monthly	
Protein, Dialysate	84155, 84160				Monthly	
Prothrombin	85610, 85611	Weekly	Weekly	Weekly		
Serum Glutaminic Oxaloacetic (SGOT)/Aspartate amino Transferase (AST)	84450	Monthly	Monthly	Monthly	Monthly	
Sodium, Serum	84295				Monthly	
Total Protein	84155	Monthly	Monthly	Monthly		
White Blood Count	85048				Once every 3 months	

<u>Lab Test Name</u>	<u>CPT Code</u>	<u>Nebraska Medicaid allowed frequency for ESRD</u>
Cholesterol	82465	Yearly
	83721	
	83718	
	83719	
Triglycerides	84478	Yearly
Lipoprotein (HDL)	83718	None
	83719	
Cyanocobalamin	82607	None
	82608	
Ferritin	82728	Every 3 months
Aluminum	82108	Every 3 months
Folic Acid	82746	None
	82747	
Iron	83540	Every 3 months
Iron Binding Capacity	83550	Every 3 months
Transferrin	84466	Every 3 months
Parathormone	83970	Every 3 months
Thyroid Stimulating Hormone (TSH)	84443	None
	80418	
	80438	
	80439	
	80440	
Prealbumin	84134	None
Hemoglobin Glycated	83036	Every 3 months
Infectious Agent Antigen Detection B (HBsAg)	87340	Monthly
	87341	
Hepatitis B Core Antibody (HBcAb)	86704	One time
Hepatitis B Surface Antibody (HBsAb)	86706	One time
Hepatitis C Antibody	86803	Every 6 months
	86804	