



Related MLN Matters Article #: MM5874

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Related CR #: 5874

### *Clinical Lab: New Automated Test for the Automated Multi-channel Chemistry Code (AMCC) Panel Payment Algorithm*

#### Key Words

MM5874, CR5874, R83BP, Clinical, Lab, AMCC, Panel, Payment, Algorithm

#### Provider Types Affected

All physicians and providers, who submit claims for the AMCC to Medicare Carriers, Part A/B Medicare Administrative Contractors (A/B MACs), and Fiscal Intermediaries (FIs) for services provided to Medicare beneficiaries

#### Key Points

- The effective date of the instruction is July 1, 2008.
- The implementation date is July 7, 2008.
- Effective January 1, 2008, the Current Procedural Terminology (CPT) Editorial Panel created a new code (CPT code 80047: Basic metabolic panel (Calcium, ionized)), which is an AMCC code and is currently included in the AMCC Panel Payment Algorithm.
- CPT code 80047 is not a replacement for code 80048 (Basic metabolic panel). CPT code 80048 and CPT code 80047 are included in the 2008 clinical laboratory fee schedule.
- In order to determine payment for code 80047 using the AMCC Panel Payment Algorithm, existing code 82330 (Calcium; ionized) will be added as an AMCC panel code.
- Payment code ATP23 has also been included in the clinical laboratory fee schedule data file to correspond to the AMCC panel code addition.
- CPT code 80047 (Basic metabolic panel (Calcium, ionized)) is comprised of eight component test codes:
  - Calcium; ionized (82330);

- Carbon dioxide (82374);
- Chloride (82435);
- Creatinine (82565);
- Glucose (82947);
- Potassium (84132);
- Sodium (84295); and
- Urea Nitrogen (BUN) (84520).
- **For end-stage renal disease (ESRD) dialysis patients**, CPT code 82330 (Calcium; ionized) will be included in the calculation for the 50/50 rule (Pub 100-04, Chapter 16, Section 40.6).
  - When CPT code 82330 is billed as a substitute for CPT code 82310 (Calcium; total), it should be billed with modifier CD or CE.
  - When CPT code 82330 is billed in addition to CPT code 82310, it should be billed with the CF modifier
- Providers should note that, in accordance with the *Medicare Claims Processing Manual*, Section 40.6.1, the new panel code 80047 cannot be billed for services ordered through an ESRD facility. All tests billed for services ordered through an ESRD facility must be billed individually, not in an organ disease panel.

## Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5874.pdf> on the CMS website.

To see the official instruction (CR5874) issued regarding this change, providers may refer to

<http://www.cms.hhs.gov/Transmittals/downloads/R83BP.pdf> on the CMS website.

The *Medicare Claims Processing Manual* is available at <http://www.cms.hhs.gov/Manuals/IOM/list.asp> on the CMS website.

If providers have questions, they may contact their Medicare Carrier, FI, or A/B MAC at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.