

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1451	Date: FEBRUARY 15, 2008
	Change Request 5874

Subject: Clinical Lab: New Automated Test for the AMCC Panel Payment Algorithm

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to change existing CPT 82330, calcium ionized, to an automated chemistry test and to include the code in the automated multi-channel chemistry code (AMCC) Panel Payment Algorithm for payment purposes. Previously CPT 82330 was being billed as an individual test. CMS decided that the conversion to an automated chemistry test was needed to accommodate the new CPT code 80047, Basic metabolic Panel, which went in effect January 1, 2008.

New / Revised Material

Effective Date: July 1, 2008

Implementation Date: July 7, 2008

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
R	16/ 90/ 90.2/ Organ or Disease Oriented Panel

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

Pub. 100-04	Transmittal: 1451	Date: February 15, 2008	Change Request: 5874
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SUBJECT: Clinical Lab: New Automated Test for the AMCC Panel Payment Algorithm

Effective Date: July 1, 2008

Implementation Date: July 7, 2008

I. GENERAL INFORMATION

A. Background: Effective January 1, 2008, the CPT Editorial Panel created a new code 80047 *Basic metabolic panel (Calcium, ionized)* which is an automated multi-channel chemistry (AMCC) code and is currently included in the automated multi-channel chemistry code (AMCC) Panel Payment Algorithm. The new code 80047 is comprised of eight component test codes (see table below). Also, new code 80047 is not a replacement for code 80048 *Basic metabolic panel*. Both codes 80048 and 80047 are included in the 2008 clinical laboratory fee schedule.

Currently, existing CPT code 82330, *Calcium; ionized* is being paid as in individual test and was not included in the AMCC Panel Payment Algorithm. The Centers for Medicare and Medicaid Services (CMS) decided that, effective July 1, 2008, CPT 82330 shall be paid as an automated test and that the ATP payment methodology is appropriate for this service.

B. Policy: In order to determine payment for the new 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) comprises:

- Calcium; ionized (82330)
- Carbon dioxide (82374)
- Chloride (82435)
- Creatinine (82565)
- Glucose (82947)
- Potassium (84132)
- Sodium (84295)
- Urea Nitrogen (BUN) (84520)

For ESRD dialysis patients, CPT code 82330 *Calcium; ionized* shall be included in the calculation for the 50/50 rule as defined in Pub. 100-04, Chapter 16, Section 40.6. When CPT code 82330 is billed as a substitute for CPT code 82310, *Calcium; total*, it shall be billed with modifier CD or CE. When CPT code 82330 is billed in addition to CPT 82310, it shall be billed with CF modifier.

In accordance with the Internet Only Manual Pub. 100-04, Chapter 16, § 40.6.1, CPT 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.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M E M A C	F I I E R	C A R B O N D I O X I D E	D M R C	R E H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5874.1	Contractors shall add as an automated multi-channel chemistry code (AMCC) CPT code 82330 <i>Calcium; ionized</i> . Payment code ATP23 is included in the clinical laboratory fee schedule data file to correspond to the code addition.	X		X	X			X	X			
5874.2	Contractors shall include new chemistry panel code 80047 <i>Basic metabolic panel (Calcium, ionized)</i> in the automated multi-channel chemistry code (AMCC) Panel Payment Algorithm with the following components: CPT code 80047 Basic metabolic panel (Calcium; ionized) comprises: <ul style="list-style-type: none"> • Calcium; ionized (82330) • Carbon dioxide (82374) • Chloride (82435) • Creatinine (82565) • Glucose (82947) • Potassium (84132) • Sodium (84295) • Urea Nitrogen (BUN) (84520) <p>Note: CPT code 80047 is payable at the ATP08 payment level in the clinical laboratory fee schedule data file. In order to determine payment for CPT code 80047 using the AMCC Panel Payment Algorithm, existing code 82230 <i>Calcium; ionized</i> is also added as an AMCC panel code.</p>	X		X	X			X	X			
5874.2.1	Contractors shall apply CPT code 82330 in the calculation for the 50/50 rule for ESRD claims.	X		X	X			X	X			
5874.2.1.1	Contractors shall ensure that Organ Disease Panel 80047 cannot be billed with an ESRD 50/50 rule modifier	X		X	X			X	X			
5874.3	On or after May 1, 2008 (but before July 1, 2008) Carriers/AB MACs shall retrieve the revised 2008 Clinical Laboratory Fee Schedule data file (filename: MU00@BF12394.CLAB.CY08.V0501 from the CMS mainframe and apply such fee schedule to claims with DOS from July 1, 2008 – Dec 31, 2008. Carriers shall confirm	X			X			X				

Number	Requirement	Responsibility (place an "X" in each applicable column)													
		A / B M A C	D M M A C	F I	C A R R I E R	D M R R C	R M H H I	Shared-System Maintainers				OTHER			
							F I S S	M C S	V M S	C W F					
	the successful receipt of such file via email to price_file_receipt@cms.hhs.gov , stating the name of the file received and the entity for which it was received (e.g., carrier name and number).														
5874.4	On or after May 1, 2008 (but before July 1, 2008) Intermediaries/AB MACs shall retrieve the revised 2008 Clinical Laboratory Fee Schedule data file (filename: MU00@BF12394.CLAB.CY08.V0501.FI from the CMS mainframe with DOS from July 1, 2008 – Dec 31, 2008. Intermediaries shall confirm the successful receipt of such file via email to price_file_receipt@cms.hhs.gov , stating the name of the file received and the entity for which it was received (e.g., carrier name and number).	X		X					X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)													
		A / B M A C	D M M A C	F I	C A R R I E R	D M R R C	R M H H I	Shared-System Maintainers				OTHER			
							F I S S	M C S	V M S	C W F					
5874.5	A provider education article related to this instruction will be available at www.cms.hhs.gov/MLNMattersArticles shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the	X		X	X										

Number	Requirement	Responsibility (place an "X" in each applicable column)																			
		A / B M A C	D M M A C	F I	C A R R I E R	D M R C	R H H I	Shared-System Maintainers				OTHER									
							F I S S	M C S	V M S	C W F											
	Medicare program correctly.																				

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
5874.2.1	Apply CPT code 82330 to the calculation of the 50/50 rule. Please refer to the following Change Requests for the business rules to the 50/50 rule: CR 2277, Transmittal A-03-080, Issued Sept 22, 2003; CR 3239, Transmittal 190. Issued May 28, 2004; and CR 3890, Transmittal 598, Issued June 27, 2005.

V. CONTACTS

Pre-Implementation Contact(s):

Carrier Claims Processing: Wendy Knarr at wendy.knarr@cms.hhs.gov

Intermediary Claims Processing: Joe Bryson at joseph.bryson@cms.hhs.gov

Post-Implementation Contact(s): Regional Office

VI. FUNDING

A. For Fiscal Intermediaries and Carriers, use the following statement:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. For Medicare Administrative Contractors (MACs), use the following statement:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. We do not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

90.2 - Organ or Disease Oriented Panels

(Rev. 1451; Issued: 02-15-08; Effective: 07-01-08; Implementation: 07-07-08)

Organ or disease panels must be paid at the lower of the billed charge, the fee amount for the panel, or the sum of the fee amounts for all components. When panels contain one or more automated tests, the *contractor* determines the correct price for the panel by comparing the price for the automated profile laboratory tests with the sum of the fee amounts for individual tests. Payment for the total panel may not exceed the sum total of the fee amounts for individual covered tests. All Medicare coverage rules apply.

The Medicare standard systems must calculate the correct payment amount. The CMS furnishes fee prices for each code but the carrier system must compare individual codes billed with codes and prices for related individual tests. (With each HCPCS update, HCPCS codes are reviewed and the system is updated). Once the codes are identified, *contractors* publish panel codes to providers.

The only acceptable Medicare definition for the component tests included in the CPT codes for organ or disease oriented panels is the American Medical Association (AMA) definition of component tests. The CMS will not pay for the panel code unless all of the tests in the definition are performed. If the laboratory has a custom panel that includes other tests, in addition to those in the defined CPT or HCPCS panels, the additional tests, whether on the list of automated tests or not, are billed separately in addition to the CPT or HCPCS panel code.

NOTE: If a laboratory chooses, it can bill each of the component tests of these panels individually, but payment will be based upon the above rules.

TABLE OF CHEMISTRY PANELS

		Hepatic Function Panel 80076	<i>Basic Metabolic Panel (Calcium, ionized) 80047</i>	Basic Metabolic Panel (Calcium, total) 80048	Comprehensive Metabolic Panel 80053	Renal Function Panel 80069	Lipid¹ Panel 80061	Electrolyte Panel 80051
Chemistry	CPT							
Albumin	82040	X			X	X		
Alkaline phosphatase	84075	X			X			
ALT (SGPT)	84460	X			X			
AST (SGOT)	84450	X			X			
Bilirubin, total	82247	X			X			
Bilirubin, direct	82248	X						
Calcium	82310			X	X	X		
<i>Calcium ionized</i>	<i>82330</i>		X					
Chloride	82435		X	X	X	X		X
Cholesterol	82465						X	
CK, CPK	82550							
CO2 (bicarbonate)	82374		X	X	X	X		X
Creatinine	82565		X	X	X	X		
GGT	82977							
Glucose	82947		X	X	X	X		
LDH	83615							
Phosphorus	84100					X		
Potassium	84132		X	X	X	X		X
Protein	84155	X			X			
Sodium	84295		X	X	X	X		X
Triglycerides	84478						X	
Urea nitrogen (BUN)	84520		X	X	X	X		
Uric Acid	84550							

¹ CPT code 83718 is billed with Organ/Disease Panel 80061 but is not included in the AMCC bundling.