Department of Health and Human Services

# OFFICE OF INSPECTOR GENERAL

# REVIEW OF CLINICAL LABORATORY SERVICES - NEW HAMPSHIRE MEDICAID PROGRAM

JUNE GIBBS BROWN
Inspector General

JANUARY 1996
A-01-95-00005

**Office of Audit Services**
**Region I**
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CIN: A-01-95-00005

Mr. Richard A. Chevrefils
Director, Division of Human Services
6 Hazen Drive
Concord, New Hampshire 03301

Dear Mr. Chevrefils:

This report presents the results of our review of the New Hampshire Office of Medical Services' (State Agency's) reimbursements for clinical laboratory services under the Medicaid program. The objective of our review was to determine the adequacy of procedures and controls over the processing of Medicaid payments to providers for clinical laboratory services. Our review was limited to clinical laboratory services involving chemistry and hematology tests.

Our review disclosed that the State agency did not have adequate procedures or controls to ensure that reimbursements for clinical laboratory tests under Medicaid did not exceed amounts recognized by the Medicare program, as required by Section 6300 of the State Medicaid Manual. In this regard, Medicare regulations provide that claims for laboratory services in which a provider bills separately for tests that are available as part of an automated multichannel chemistry panel, should be paid at the lesser amount for the panel. Specifically, we found that providers received excess reimbursements for automated multichannel chemistry panel tests that should have been grouped together (bundled into a panel) for payment at a lower panel rate. In addition, the State agency did not have any procedures or controls to detect and prevent payment of chemistry and hematology tests claimed more than once.

We statistically selected 100 instances involving claims with potential payment errors from a sample population of January 1993 through June 1994 paid claims valued at $339,388. We found that 99 of the 100 sampled instances were overpaid. Projecting the results of our statistical sample over the population using standard statistical methods, we estimate that the State agency overpaid providers $160,485 (Federal share $80,243) for chemistry and hematology tests over the 18 month audit period.

We recommend that the State agency (1) establish controls to identify unbundled or duplicate charges for laboratory tests, (2) update its provider billing instructions to reflect Medicare bundling requirements, (3) consider obtaining recoveries from providers with a large number of payment errors, and (4) make adjustments for the Federal share of amounts recovered by the State agency on its Quarterly Report of Expenditures to the Health Care Financing Administration (HCFA).

The State agency concurred that overpayments to laboratory service providers had occurred for certain procedures and agreed to take corrective action in response to our recommendations (APPENDIX A). In this regard, the State agency indicated that the scope of its review would cover a 24 month period beginning January 1994 to be consistent with its routine review procedures for focused reviews.

Since the scope of our audit identified overpayments during calendar year 1993, we believe that the State agency should also consider the cost benefits of recovering the overpayments made in 1993 in its review of selected providers. We intend to provide the State agency with a file that will aid them in this effort.

## INTRODUCTION

### BACKGROUND

Medicaid is a Federally aided, state program which provides medical assistance to certain individuals and families with low incomes and resources. Within broad Federal guidelines, states design and administer the Medicaid program under the general oversight of HCFA. Medicaid, as established under Title XIX of the Social Security Act, requires states to provide certain medical services and other services such as outpatient clinical laboratory tests. Laboratory tests are performed by providers on a patient's specimen to help physicians' diagnose and treat ailments. The testing may be performed in a physicians office, a hospital laboratory, or by an independent laboratory. These providers submit claims for laboratory services performed on Medicaid beneficiaries. Claims processing is the responsibility of a designated Medicaid agency in each state. Many states use outside fiscal agents to process claims.

The State Medicaid Manual states that Federal matching funds will not be available to the extent a state pays more for outpatient clinical laboratory tests performed by a physician, independent laboratory, or hospital than the amount Medicare recognizes for such tests. In addition, payments for clinical laboratory tests under the Medicaid program cannot exceed the amount recognized by the Medicare program. Under Medicare, clinical laboratory services are reimbursed at the lower of the fee schedule amount or the actual charge. Under Medicare, the carrier (the contractor that administers Medicare payments to physicians and independent laboratories) maintains the fee schedule and provides the fee schedule to the state Medicaid agency in its locality. Guidelines for the processing of provider claims including the bundling of automated multichannel chemistry panel tests are contained in HCFA's Medicare Carriers Manual.

Chemistry tests involve the measurement of various chemical levels in the blood while hematology tests are performed to count and measure blood cells and their content. Chemistry tests frequently performed on automated multichannel equipment are grouped together and reimbursed at a panel rate which is a single payment for a group of tests. Chemistry panel tests are also combined under problem-oriented classifications (referred to as

organ panels). Organ panels were developed for coding purposes and are to be used when all of the component tests are performed. Many of the component tests of organ panels are also chemistry panel tests.

Hematology tests that are grouped and performed on an automated basis are classified as profiles. Automated profiles include hematology component tests such as hematocrit, hemoglobin, red and white blood cell counts, platelet count, differential white blood cell counts and a number of additional indices. Indices are measurements and ratios calculated from the results of hematology tests. Examples of indices are red blood cell width, red blood cell volume and platelet volume.

## SCOPE

Our review was conducted in accordance with generally accepted government auditing standards. The objective of our review was to determine the adequacy of procedures and controls over the processing of Medicaid payments to providers for clinical laboratory services. Our review was limited to clinical laboratory services involving chemistry and hematology tests.

To accomplish our objective, we:

- reviewed State agency policies and procedures for processing Medicaid claims from providers for clinical laboratory services;

- extracted from HCFA's Medicaid Statistical Information System (MSIS) January 1993 through June 1994 Paid Claim files, payments totaling $988,692 for chemistry and hematology tests. Of this amount, $339,388 represented instances involving claims that contain potentially unbundled or duplicate charges for chemistry and hematology tests. We tested the reliability of computer generated output by comparing data to source documents for our sampled items. We did not, however, assess the completeness of data in HCFA's MSIS files nor did we evaluate the adequacy of the input controls;

- selected a statistical random sample of 50 instances of potential overpayment involving chemistry claims from a population of 7,532 instances containing chemistry tests valued at $202,956; and 50 instances of potential overpayment involving hematology claims from a population of 9,695 instances containing hematology tests valued at $136,432. These instances were taken from a population of payments involving claims for more than one panel test, more than one panel, or for a panel and individual tests for the same beneficiary on the same date of service by the same provider; and

- reviewed the randomly selected instances and supporting documentation from the State agency to determine the propriety of the payment;

- utilized a variable sample appraisal methodology to estimate the amount of overpayment for chemistry and hematology tests.

Our review of internal controls was limited to an evaluation of that part of the claims processing function that related to the processing of claims for clinical laboratory services. Specifically, we reviewed State agency policies and procedures and instructions to providers related to the billing of clinical laboratory services. We limited our review to claims paid by the State agency during the 18 month period from January 1993 through June 1994. Details of the methodology used in selecting and appraising the sample are contained in APPENDIX B. The chemistry and hematology tests which were included in the scope of our review are listed in the Physicians' Current Procedural Terminology manual and contained in APPENDIX C.

We found that the items tested were in compliance with applicable laws and regulations except for the matters discussed in the FINDINGS AND RECOMMENDATIONS section of this report.

We performed our review between May and August 1995. During this period we visited the State agency and fiscal agent offices in Concord, New Hampshire. The results of our review were discussed with State agency officials at a field exit conference on August 10, 1995. We also provided copies of our work sheet analysis for each sample reviewed.

## FINDINGS AND RECOMMENDATIONS

Our review disclosed that the State agency did not have adequate procedures or controls to ensure that reimbursements for clinical laboratory tests under Medicaid did not exceed amounts recognized by the Medicare program. Specifically, we found that providers received excess reimbursements for chemistry tests that should have been bundled into a panel for payment at a lower panel rate. In addition, the State agency did not have procedures or edits to detect and prevent payment of chemistry and hematology tests claimed more than once.

The State Medicaid Manual, Section 6300.1 states that Federal matching funds will not be available to the extent a state pays more for outpatient clinical laboratory tests performed by a physician, independent laboratory, or hospital than the amount Medicare recognizes for such tests. In addition, Section 6300.2 states that payment for clinical laboratory tests under the Medicaid program cannot exceed the amount recognized by the Medicare program.

We randomly selected 100 instances of potential overpayment (50 instances involving claims with chemistry panel tests, and 50 instances involving claims with hematology tests) valued at $2,245 from the sample population of January 1993 through June 1994 paid claims file valued at $339,388 (See APPENDICES B and C). Our review showed that 99 of the 100 claims

contain overpayments. Projecting the results of our statistical sample over the population using standard statistical methods, we estimate that the State agency overpaid providers $160,485 (Federal share $80,243) for chemistry and hematology tests during our audit period.

**Chemistry Panel Tests**

Our review disclosed that 49 of the 50 sampled instances contained overpayments for unbundled and/or duplicated charges for chemistry panel tests. We found that the State agency's claims processing system did not have edits to detect and prevent instances involving claims from providers that contain unbundled individual chemistry panel tests, a panel and individual panel tests or more than one panel. These tests should have been grouped into the appropriate panel size for payment purposes. In addition, the system was not able to detect and prevent payment for laboratory tests claimed more than once. The 50 instances were selected on a random scientific basis from a population of 7,532 instances involving claims containing potentially unbundled chemistry panel tests valued at $202,956. Based on our statistical sample, we estimate that the State agency overpaid providers $127,572 for unbundled or duplicated chemistry panel tests.

The Medicaid State Manual states that payment for clinical laboratory tests under the Medicaid program cannot exceed the amount recognized by the Medicare program. Section 5114.1.L.2 of the Medicare Carriers Manual provides that if the carrier receives claims for laboratory services in which the physician or laboratory has separately billed for tests that are available as part of an automated multichannel chemistry panel test, and, in the carrier's judgement, such panel tests are frequently performed and available for physicians' use, the carrier should make payment at the lesser amount for the panel. The limitation that payment for individual tests not exceed the payment allowance for the panel is applied whether a particular laboratory has or does not have the automated multichannel equipment.

Regarding overpayments and duplicate bills, Section 7103 of the Medicare Carriers Manual states that a provider is liable for overpayments it receives. Section 7103.1 B states that the provider is liable in situations when the error is due to overlapping or duplicate bills.

The State agency's instructions to physicians and independent laboratories states that automated tests are not to be paid for as individual tests if broken out of an automated report. However, these bundling requirements are not contained in the State agency's instructions to hospitals for outpatient laboratory services. We believe that the State agency's instructions to hospitals should be revised to include similar bundling requirements. In addition, the State agency's instructions to all providers should be more consistent with Medicare in that reimbursement levels should be at the lower panel rates regardless of whether the laboratory tests are performed on automated multichannel equipment or grouping that was used in running the tests. For duplicate bills, the State agency did not have specific procedures on this type of overpayment.

We found that 49 of the 50 sampled instances contain overpayments identified with chemistry panel tests that were not properly grouped together for payment purposes. The 49 instances consisted of: 24 instances involving claims containing a chemistry panel and individual chemistry panel tests; 19 instances involving claims containing more than one individual chemistry panel test; and 6 instances containing two chemistry panels.

We noted that in 4 of the above 49 instances, unbundling and/or duplicate charges also occurred when services provided to a beneficiary on the same date of service by a provider were submitted on more than one claim. The State agency's Medicaid claim form provides for only six line items of services. A provider would have to submit another claim form if more than six service items were rendered. Each form would be assigned a separate claim number when processed by the Medicaid fiscal agent. In these four instances, we found that chemistry panels and individual panel tests were contained on each claim submitted by the provider. In this regard, edits should be comprehensive enough to identify unbundled or duplicate charges that are contained both within and between claims.

In addition to the unbundled chemistry tests, we found that 6 of the above 49 instances also contained multiple charges for the same panel or individual panel test code. In one of these 6 instances, we found that on one date of service a provider claimed and received payment for 14 units of a chemistry panel (code 80016). These overpayments occurred because the system did not contain edits to detect and prevent payments for duplicate or multiple units of the same laboratory panel or individual panel test code. State officials informed us that this weakness can easily be corrected through a system maintenance request. In this respect, the system would then limit payment to only one unit of service.

**Hematology Profiles**

Our review of 50 instances involving claims containing hematology profiles disclosed that 50 of these instances contain duplicate charges for hematology indices. These 50 instances were selected on a scientific random basis from a population of 9,695 instances involving claims containing hematology tests valued at $136,432. Based on our statistical sample, we estimate that the State agency made duplicate payments to providers of $32,913 for hematology indices.

Hematology tests are performed and billed in groups or combinations of tests known as profiles. Hematology indices are automatically calculated along with the performance of each hematology profile. Hematology indices are measurements and ratios calculated from the results of hematology tests. A potential duplicate billing occurs when hematology indices are separately billed along with a charge for the hematology profile.

The Medicaid State Manual states that payment for clinical laboratory tests under the Medicaid program cannot exceed the amount recognized by the Medicare program. For overpayments and duplicate bills, Section 7103 of the Medicare Carriers Manual states that a provider is liable for overpayments it receives. Section 7103.1 B states that the provider is

liable in situations when the error is due to overlapping or duplicate bills.
In addition, the New Hampshire carrier for Medicare has a policy that considers indices to be calculations and not separately reimbursable. State officials stated that the claims processing system did not contain controls or edits to detect and prevent the payment of duplicate charges for hematology tests and profiles including indices.

Our findings in both the chemistry and hematology areas were discussed with State officials. We were informed that the claims processing system in use during the audit period did not contain edits to detect and prevent unbundling and/or duplicate billings for laboratory services. Beginning July 1, 1995, the State agency began processing claims under a new system. State officials indicated that the new processing system also did not contain edits to prevent the types of overpayments identified in this review. We informed State officials that a copy of our computer files containing all potential chemistry and hematology overpayments identified for the audit period could be made available to them. This data could be arranged in descending order by provider and related number of error instances to allow for more economic and efficient recovery actions.

## RECOMMENDATIONS

We recommend that the State agency:

(1) Establish controls to identify unbundled and/or duplicate charges for laboratory tests.

(2) Update its provider billing instructions to reflect Medicare bundling requirements.

(3) Review the number of instances of potential overpayments by provider and consider obtaining recoveries from providers with the largest payment errors. Based on our audit, we estimate that overpayments total $160,485 (Federal share $80,243) over the audit period.

(4) Make adjustments for the Federal share of amounts recovered by the State agency on its Quarterly Report of Expenditures to HCFA.

### State Agency Response

In its written response to our draft report (APPENDIX A), the State agency indicated that it concurred that overpayments to laboratory service providers had occurred for certain procedures. The State agency also indicated that :

(1) It will review current system logic and implement, as soon as practically possible, any appropriate system controls or edits to prevent overpayments for individual lab tests when such tests are billed in combinations.

(2) It plans to issue provider billing instructions specific to laboratory unbundling procedures in its next Quarterly Bulletin, which will be followed by Provider Handbook replacement pages.

(3) While the State agency is concerned about the validity of the sample size and projected results, it will review all providers identified in the sample (25), for potential overpayments made on both the hematology and chemistry coding. Such reviews and any subsequent recoveries will be handled through the Office of Medical Services Utilization Review Unit using their procedures for focused reviews. The State agency recommended that the review period be limited to the 24 months starting January 1994 and ending December 1995. The State agency expects to complete any related recoveries by June 1996.

(4) It will report amounts recovered to HCFA through the Quarterly Report of Expenditures.

**OIG Comments**

Regarding the State agency's concerns about the validity of the sample size and projected results, we selected our random sample of 100 potential overpayments using scientific means and projected the results of the sample over the population using standard statistical methods. We believe that the reported results of our audit are representative of the population from which the sample was drawn.

To facilitate the recovery process, we performed a computer extract and match to identify only unbundled or duplicative clinical laboratory services. The sample confirmed that our extract and matching efforts resulted in a file containing a population of claims which were virtually all overpaid between January 1993 and June 1994, i.e., 99 of 100 claims sampled contained overpayments. Accordingly, the State agency's proposed review of selected laboratory providers should also consider the cost benefits of recovering the overpayments identified in calendar year 1993. We intend to provide the State agency with a file that will aid them in this effort.

Final determination as to actions taken on all matters reported will be made by the HHS action official named below. We request that you respond to the HHS action official within 30 days from the date of this letter. Your response should present and comments or additional information that you believe may have a bearing on the final determination.

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In accordance with the principles of the Freedom of Information Act (Public Law 90-23), Office of Inspector General, Office of Audit Services reports issued to the Department's grantees and contractors are made available, if requested, to members of the press and general public to the extent information contained therein is not subject to exemptions in the Act which the Department chooses to exercise. (See 45 CFR Part 5)

Sincerely yours,

Richard J. Ogden
Regional Inspector General
for Audit Services

Enclosures - as stated

**Direct Reply to HHS Action Official:**

Ronald P. Preston
Associate Regional Administrator
for Medicaid
Health Care Financing Administration
Room 2350 JFK Federal Building
Boston, Massachusetts 02203

# APPENDICES

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HUMAN SERVICES
6 Hazen Drive Concord, NH 03301-6521

Terry L. Morton, Commissioner
Richard A. Chevrefils, Director
603-271-4326
TDD Access: Relay NH 1-800-735-2964



December 8, 1995

Richard Ogden
Regional Inspector General For Audit Services
Office of Audit Services
Region 1
John F. Kennedy Federal Building
Boston, Ma. 02203

Dear Mr. Ogden:

Thank you for extending our response due date to your agency's draft report, dated October 5, 1995, CIN: A-01-95-0005, regarding review findings of reimbursements for clinical laboratory services. Following further analysis of the worksheet findings, we concur that overpayments to laboratory services providers for certain procedures have occurred. We wish to address each of the recommendations issued in your report:

(1) We will review current system logic and implement as soon as practically possible any appropriate system controls or edits to prevent overpayments for individual lab tests when such tests are billed in combinations.

(2) We plan to issue provider billing instructions specific to laboratory unbundling procedures in our next Quarterly Bulletin, which will be followed by Provider Handbook replacement pages. (Current Laboratory Provider Handbook addresses this subject, yet it is absent in the Hospital Provider Handbook.)

(3) While we are concerned about the validity of the sample size and projected results, we will review all providers identified in the sample (25), for potential overpayments made on both the Hematology and Chemistry coding. Such reviews and any subsequent recoveries will be handled through the Office of Medical Services Utilization Review Unit. Consistent with their routine review procedures for focused review, we recommend that the period subject to review and recovery be limited to the preceding 24 months, January 1994 through December 1995. In acknowledging other Federal review requirements and program commitments, we expect these recoveries to be developed over the next two quarters and completed by June 1996.

(4) As such recoupments are made, we will report the amounts recovered through our usual process, via the Quarterly Report of Expenditures to HCFA.

We hope that this corrective action plan is viewed acceptable and we will continue to work with your office toward resolution.

Sincerely yours,

Richard A. Chevrefils
Director, Division of Human Services

RAC/mk
cc: Scott MacDonald, Administrator II
Lee Bezanson, Administrator, IV

## SAMPLE METHODOLOGY

From the Health Care Financing Administration's (HCFA) Medicaid Statistical Information System paid claims file for calendar years (CY) 1993 and January through June 1994, we utilized computer applications to extract all claims containing:

1. automated multichannel chemistry panels and panel tests for chemistry procedure codes listed in the Physicians' Current Procedural Terminology (CPT) manual. (See APPENDIX C)

2. hematology profiles and component tests normally included as part of a hematology profile for hematology procedure codes listed in the CPT manual. (See APPENDIX C)

The above file extract yielded a total of $988,692 in payments for chemistry, and hematology tests in CY 1993 and January through June 1994. This total consisted of 46,426 records totaling $449,035 relating to chemistry panel tests, and 69,015 records totaling $539,657 relating to hematology profile tests.

We then performed computer applications to extract all records for the same individual for the same date of service with HCFA's Common Procedure Coding System line item charges for:

1. more than one different chemistry panel; a chemistry panel and at least one individual panel test; or two or more panel tests.

2. more than one automated hematology profile under different profile codes; more than one unit of the same profile; a component normally included as part of a profile in addition to the profile; or hematology indices and a profile.

This extract resulted in a sample population totaling $339,388 consisting of two strata. The first strata consisted of 7,532 instances totaling $202,956 for potentially unbundled chemistry panel tests. The second strata consisted of 9,695 instances totaling $136,432 for potentially duplicate hematology profile tests. Each instance is a potential payment error in which the State agency paid providers for clinical laboratory tests (on behalf of the same beneficiary on the same of date of service) which were billed individually instead of as part of a group, or were duplicative of each other.

We examined 100 instances of potential overpayment involving claims from two strata. The first stratum consisted of a randomly generated statistical sample of 50 potentially unbundled instances involving chemistry panel tests totaling $1,547. The second stratum consisted of a randomly generated statistical sample of 50 potentially duplicate instances involving hematology profile or profile component tests totaling $698.

For the sample items, we requested and reviewed supporting documentation from the State agency consisting of copies of physician, hospital or independent laboratory claims, electronic adjudicated claim detail for claims submitted electronically, and remittance documents.

We utilized a stratified variable appraisal process to quantify potential overpayments for unbundled chemistry panel tests and duplicate hematology profile tests as shown in the schedule below.

| Stratum | Number of Items | Number Sampled | Examined Value | Number of Errors | Error in Sample | Estimated Recovery |
|---|---|---|---|---|---|---|
| Chemistry Tests | 7,532 | 50 | $1,547 | 49 | $847 | $127,572 |
| Hematology Tests | 9,695 | 50 | 698 | 50 | 170 | 32,913 |
| Total | | 100 | $2,245 | 99 | | $160,485 |

The results of the scientific sample of Stratum 1, chemistry tests, disclosed that 49 of 50 instances we reviewed represented overpayments for unbundled chemistry panel tests. Projecting the results of the statistical sample over the population using standard statistical methods, we estimate that $127,572 paid for unbundled chemistry panel tests can be recovered. At the 90 percent confidence level, the precision of this estimate is plus or minus 32.03 percent.

The results of the scientific sample of Stratum 2, hematology tests, disclosed that 50 of the instances we reviewed contained duplicate payments for hematology profiles and profile component tests. Projecting the results of the statistical sample over the population using standard statistical methods, we estimate that $32,913 in duplicate payments for hematology profile tests can be recovered. At the 90 percent confidence level, the precision of this estimate is plus or minus 8.75 percent.

The combined results for the two strata, showed that 99 of the 100 instances we reviewed represented overpayments for unbundled and duplicate chemistry and hematology tests. Projecting the results of the statistical sample over the population using standard statistical methods, we estimate that a total of $160,485 (Federal share $80,243) paid for unbundled and duplicate tests can be recovered. At the 90 percent confidence level, the precision of this estimate is plus or minus 25.04 percent.

# AUTOMATED MULTICHANNEL CHEMISTRY PANEL TESTS REVIEWED

| Chemistry Panel CPT Code Description | CPT Codes |
|---|---|
| 1 or 2 clinical chemistry automated multichannel test(s) | 80002 |
| 3 clinical chemistry automated multichannel tests | 80003 |
| 4 clinical chemistry automated multichannel tests | 80004 |
| 5 clinical chemistry automated multichannel tests | 80005 |
| 6 clinical chemistry automated multichannel tests | 80006 |
| 7 clinical chemistry automated multichannel tests | 80007 |
| 8 clinical chemistry automated multichannel tests | 80008 |
| 9 clinical chemistry automated multichannel tests | 80009 |
| 10 clinical chemistry automated multichannel tests | 80010 |
| 11 clinical chemistry automated multichannel tests | 80011 |
| 12 clinical chemistry automated multichannel tests | 80012 |
| 13-16 clinical chemistry automated multichannel tests | 80016 |
| 17-18 clinical chemistry automated multichannel tests | 80018 |
| 19 or more clinical chemistry automated multichannel tests | 80019 |
| General Health Panel | 80050 |
| Hepatic Function Panel | 80058 |

| Chemistry Panel Test CPT Code Description Subject to Panelling (34 CPT Codes) | CPT Codes |
|---|---|
| Albumin | 82040 |
| Albumin/globulin ratio | 84170 |
| Bilirubin Total OR Direct | 82250 |
| Bilirubin Total AND Direct | 82251 |
| Calcium | 82310, 82315, 82320, 82325 |
| Carbon Dioxide Content | 82374 |
| Chlorides | 82435 |
| Cholesterol | 82465 |
| Creatinine | 82565 |
| Globulin | 82942 |
| Glucose | 82947 |
| Lactic Dehydrogenase (LDH) | 83610, 83615, 83620, 83624 |
| Alkaline Phosphatase | 84075 |
| Phosphorus | 84100 |
| Potassium | 84132 |
| Total Protein | 84155, 84160 |
| Sodium | 84295 |
| Transaminase (SGOT) | 84450, 84455 |
| Transaminase (SGPT) | 84460, 84465 |
| Blood Urea Nitrogen (BUN) | 84520 |
| Uric Acid | 84550 |
| Triglycerides | 84478 |
| Creatinine Phosphokinase (CPK) | 82550, 82555 |
| Glutamyl transpetidase, gamma | 82977 |

# AUTOMATED HEMATOLOGY PROFILE AND COMPONENT TEST REVIEWED

| Hematology Component Test CPT Code Description | CPT Codes |
|---|---|
| Red Blood Cell Count (RBC) only | 85041 |
| White Blood Cell Count (WBC) only | 85048 |
| Hemoglobin, Colorimetric (Hgb) | 85018 |
| Hematocrit (Hct) | 85014 |
| Manual Differential WBC count | 85007 |
| Platelet Count (Electronic Technique) | 85595 |

| Additional Hematology Component Tests - Indices Description | CPT Codes |
|---|---|
| Automated Hemogram Indices (one to three) | 85029 |
| Automated Hemogram Indices (four or more) | 85030 |

| Hematology Profile CPT Code Description | CPT Codes |
|---|---|
| Hemogram (RBC, WBC, Hgb, Hct and Indices) | 85021 |
| Hemogram and Manual Differential | 85022 |
| Hemogram and Platelet and Manual Differential | 85023 |
| Hemogram and Platelet and Partial Automated Differential | 85024 |
| Hemogram and Platelet and Complete Automated Differential | 85025 |
| Hemogram and Platelet | 85027 |