

August 27<sup>th</sup>, 2008

Volume 6 Number 3

## Lab Newsletter

### Signature Requirements Clarification

The Centers for Medicare & Medicaid services (CMS) has taken steps to ensure accurate application of Medicare's program requirements throughout the nation. CMS has identified problems of noncompliance with existing statutes, regulations, rules and other systemic problems relating to standards of practice for a valid physician's signature on medical orders and related medical documents. With this in mind, CR 5971 (Transmittal #248) was issued to prohibit the use of stamped signatures. ***Stamped signatures are not acceptable on any medical record.*** However, Medicare will accept legible hand written signatures, electronic signatures or facsimiles of original or electronic signatures. These requirements are intended to apply to all providers/suppliers and Medicare contractors.

August 5<sup>th</sup>, 2008

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## Lab Newsletter

### Changes to the Laboratory National Coverage Determination (NCD) Effective July 1<sup>st</sup>, 2008

Please be advised that the Centers for Medicare and Medicaid Services (CMS) have issued changes (Ref: Pub 100-04 Medicare Claims Processing Transmittal 1531) to the 23 National Coverage Determinations (NCD) guidelines for the third quarter of 2008. An NCD for a diagnostic laboratory test is a national policy that grants, limits or excludes Medicare Coverage for that particular test.

Please find below a list of laboratory tests and the CMS updates which will become effective July 1<sup>st</sup>, 2008 with an implementation date of July 7<sup>th</sup>, 2008.

<u>Lab Test</u>	<u>ICD-9-CM Codes Covered by Medicare</u>
HIV	<b>Add</b> 079.83 and 288.66
PT	<b>Add</b> 415.12, 789.51, 789.59, V12.53 and V12.54 <b>Delete</b> 789.5
Serum Iron Studies	<b>Add</b> 233.30, 233.31, 233.32 and 233.39 <b>Delete</b> 233.3
Glycated Hemoglobin/Glycated Protein	<b>Add</b> 258.01, 258.02 and 258.03 <b>Delete</b> 258.0
Thyroid Testing	<b>Add</b> 255.41, 255.42, 258.01, 258.02, 258.03, 787.20, 787.21, 787.22, 787.23, 787.24, 787.29, 789.51 and 789.59 <b>Delete</b> 255.4, 258.0, 787.2 and 789.5
Gamma Glutanyl Transferase	<b>Add</b> 359.21, 359.22, 359.23, 359.24 and 359.29 <b>Delete</b> 359.2
Fecal Occult Blood Test	<b>Add</b> 569.43, 787.20, 787.21, 787.22, 787.23, 787.24, 787.29, 789.51 and 789.59 <b>Delete</b> 787.2 and 789.5 <b>Modify</b> the descriptor for 005.1 to read "Botulism food poisoning"
Hepatitis Panel/Acute Hepatitis	<b>Delete</b> 999.3

<u>Lab Test</u>	<u>ICD-9-CM Codes That Do Not Support Medical Necessity</u>
<b>Blood Counts</b>	<p><b>Add</b> <u>388.45, 389.05, 389.06, 389.13, 389.17, 389.20, 389.21, 389.22, V25.04, V26.41, V26.49, V26.81, V26.89, V49.85 and V72.12</u></p> <p><b>Delete</b> 389.2, V26.4, and V26.8</p> <p><b>Modify</b> the descriptor for 389.14 to read “Central hearing loss”</p> <p><b>Modify</b> the descriptor for 389.18 to read “Sensorineural hearing loss, bilateral”</p> <p><b>Modify</b> the descriptor for 389.7 to read “Deaf, non-speaking, not elsewhere classifiable”</p>

February 11, 2008

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NEWSLETTER

**Six Requirements for Patient Testing**

The Laboratory at Pocono Medical Center (PMC) strives to provide you and your patients with the highest quality service. With this in mind, please find below the six requirements necessary to perform patient testing. PMC is required by Federal and State regulations to obtain certain information prior to performing any testing that will be billed to Federally or State funded insurances.

If any of the below items are missing or illegible at the time of service, PMC is required to follow-up with the ordering physician resulting in delayed patient care and impacting customer service. Also, if any of the items are absent, PMC may not be able to bill the patient's insurance and the patient may then become responsible for the cost of testing.

- **Date** – Each requisition must include the date the practitioner ordered the test
- **Full Name** – The requisition must include the patient's full name
- **Practitioner's Name** – Each requisition must include the practitioner's full name. On prescription pads with multiple names, the ordering practitioner's name must be circled
- **Practitioner's Signature** – The ordering practitioner must sign all requisitions. An original practitioner's signature is required for Medical Assistance and Medicaid HMO
- **Testing** – The practitioner must indicate the exact testing to be performed
- **Reason for the Test** – The practitioner must specify the reason for the test either by using an ICD-9 Code or a narrative diagnosis, sign or symptom

October 17<sup>th</sup>, 2007

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**NEWSLETTER**

PMC Laboratory Website

**Attention Physicians, Office Managers, Administrators and Nurses**

The PMC Lab website is a valuable new resource for healthcare professionals who must depend on fast, accurate patient testing.

Log onto [www.pmclab.org](http://www.pmclab.org) for:

- clear, easy-to-read patient test instructions.
- technical information for hundreds of lab tests
- links that will keep you abreast of the latest news and trends in medical lab testing

To update your manual:

- click on LAB MANUAL on the HOME page
- click on GENERAL LAB INFO
- click on required section/s to be printed

To learn more about our services, please contact Lindsay McGee at (570) 420-5302 or Customer Service at (570) 476-3369.

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## PT Testing and Reference Ranges

The prothrombin time (PT) test is an in-vitro laboratory test used to assess coagulation. The PT/INR is most commonly used to measure the effect of warfarin and regulate its dosing.

A prothrombin time is expressed in seconds and/or as an international normalized ratio (INR).

In an effort to serve your patients better and eliminate unnecessary phone calls to your office, Pocono Medical Center is pleased to supply our healthcare providers with a choice of three PT test categories, as indicated on the laboratory test requisition:

- PT – used when a patient is **NOT** prescribed an anti-coagulant
- PT Coumadin – used when a patient is prescribed **Coumadin**
- PT Valve – used when a patient has undergone **heart valve replacement and is on Coumadin**

Each of the above tests has it's own reference ranges as indicated below:

Test	Reference Range	INR
PT	10.4-13.2	0.9-1.1
PT Coumadin	23.2-34.5	2.0-3.0
PT Valve	28.3-39.6	2.5-3.5