



January, 2024

Dear Physician:

Christain Hospital Department of Laboratories is committed to possessing the reliability, honesty, trustworthiness and high degree of business integrity expected of a participant in federally funded healthcare programs. As part of this commitment, our policy concerning profiles and panels is to provide physicians with the flexibility to choose appropriate tests to assure that the convenience of ordering profiles and panels does not distance physicians from making deliberate decisions regarding which tests are truly medically necessary.

To demonstrate our commitment, we provide an annual notice to each of our physician clients advising them that if they order tests for Medicare or Medicaid beneficiaries, they should only order those tests that are medically necessary for each patient. The United States Department of Health and Human Services, Office of Inspector General, takes the position that a physician who orders medically unnecessary tests may be subject to civil penalties. Any clinical laboratory that conforms its conduct to meet the Model Compliance Plan for clinical laboratories established by the Office of the Inspector General as we do, must provide this type of annual notice to its clients.

Explanation of Attachments

As part of this commitment to the government and to you, attached to this letter are lists of the standard organ or disease panels, reflex tests, confirmation tests and profiles available at Christian Hospital Department of Laboratories. The attachment is structured as follows:

1. Attachment 1 lists the American Medical Association's (AMA) organ or disease panels effective January 1, 2024
The panels are broken out to show the individual test components by name and by CPT code. For your information and convenience, please visit these payers' websites to obtain their current fee schedules:
 - Medicare (http://www.cms.hhs.gov/ClinicalLabFeeSched/02_clinlab.asp#TopOfPage)
 - Illinois Medicaid (<https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/Practitioner.aspx>)
 - Missouri Medicaid or MO Health Net (<https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm>).
 - Local and National Coverage Determinations applicable for Christian Hospital can be accessed on the WPS Medicare website under topic center policies:
https://www.wpsgha.com/wps/portal/mac/site/home/lut/p/z1/04_Sj9CPyKssy0xPLMnMz0vMAfljo8ziAzw8zDwMLQx8_I18DQwcfD3CjF0tfLzMTUz1wwkpiAJKG-A

The implementation of PAMA required Medicare to pay the weighted median of private payer rates for each separate HCPCS code. Organ or Disease Oriented panels are panels that consist of groups of specified tests. Laboratories shall report the panel tests where appropriate and not report separately the tests that make up that panel. All Medicare coverage rules apply.
The Medicare standard systems must calculate the correct payment amount. 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. CMS will not pay for the panel code unless all of the tests in the definition are performed and are medically necessary.

2. Attachment 2 lists our standard tests and profiles that contain a confirmation or a reflex test(s). The list shows the initial test name, the CPT code, the criteria for performing the confirmation or reflex test(s), and the name and CPT code for the confirmation or reflex test(s).
3. Attachments 3 and 4 list certain standard profiles in which every test component is essential to providing a medically valid result. The profiles are broken out to show the individual test components by name and by CPT code.

CPT Coding

Christian Hospital Department of Laboratories bills its test procedures to third party payers, such as Medicare, Medicaid and private insurance, at the same fee it bills patients and in accordance with any specific CPT coding required by the payer. The CPT codes listed in this letter are from the 2024 edition of the Physicians' Current Procedural Terminology, a publication of the AMA. CPT codes are provided for the information of our clients; however, correct coding often varies from one payer to another. Therefore, these codes should not be used without confirming with the appropriate payer that their use is appropriate in each case.

MO HealthNet

Christian Hospital as a MO HealthNet enrolled hospital may bill for outpatient laboratory services if the services are performed:

- in their hospital's laboratory
- by an independent laboratory enrolled as a MO HealthNet provider under an arrangement which documents that the hospital is responsible for billing the services provided by the independent laboratory.
- by an independent laboratory not enrolled as a MO HealthNet provider under an arrangement which documents that the hospital is responsible for billing the services provided by the independent laboratory.

Providers need to keep a copy of this documentation as well as the appropriate CLIA certification on file and be able to provide upon request.

Additionally, MO HealthNet enrolled independent laboratories also have the choice to bill for outpatient laboratory services. However, laboratory services that are billed by the hospital cannot be billed by the independent laboratory and vice versa. This is considered duplicate billing and claims are subject to recoupment. (https://dss.mo.gov/mhd/providers/pdf/bulletin39-53_2017may17.pdf)

Illinois Public Aid

Christian Hospital may not charge Illinois Public Aid for outpatient laboratory testing that is forwarded to an independent referral laboratory for analysis and not performed by Christian Hospital Department of Laboratories unless Christian Hospital has a financial agreement with the independent referral laboratory (<https://www.illinois.gov/hfs/SiteCollectionDocuments/LabPolicyTopicL21012Rev060118.pdf>)

If the independent referral laboratory is not an enrolled provider of Illinois Public Aid and/or there is no financial agreement, only the performing laboratory may submit claims for payment. To achieve compliance with this regulation, it is the responsibility of the physician or the submitting institution to provide the patient's complete insurance information to be forwarded to the performing laboratory for billing to the appropriate state department.

For organizations not doing business in Missouri or Illinois it is the responsibility of the submitting institution to validate the laws governing their state to ensure they comply with billing requirements in regard to referral testing.

Laboratory Date of Service Policy

Christian Hospital Department of Laboratories follows the rules outlined in the CMS Laboratory Date of Service Policy. The policy can be found at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSch/Clinical-Lab-DOS-Policy>

Specifically, under 42 CFR 414.510(b)(5), in the case of a molecular pathology test performed by a laboratory other than a blood bank or center, a test designated by CMS as an ADLT under paragraph (1) of the definition of an advanced diagnostic laboratory test in 42 CFR 414.502, a test that is a cancer-related protein-based MAAA, or the test described by CPT code 81490, the date of service of the test must be the date the test was performed. If all of the requirements are met, the DOS of the test must be the date the test was performed, which effectively unbundles the laboratory test from the hospital outpatient encounter. As a result, the test is not considered a hospital outpatient service for which the hospital must bill Medicare and for which the performing laboratory must seek payment from the hospital, but rather a laboratory test under the Clinical Laboratory Fee Schedule for which the performing laboratory must bill Medicare directly.

Please review carefully the panels listed in the Attachments. If you have any questions or would like to discuss this matter with us, please contact Customer Service at the address and phone number listed below. Christian Laboratory clinical consultant can be contacted as follows: Christian Hospital Laboratory clinical consultant can be contacted as follows: Olaronke Akintola-Ogunremi, M.D. Medical Director of Laboratories (Pathology office 314-653-5630).

Thank you for your attention to this matter.

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Attachment(s)

- Attachment 1 - AMA Organ or Disease Panels
- Attachment 2 - Standard Reflex/Confirmation Tests
- Attachments 3 and 4 - Standard Profiles

		87184 87186 87188 87190	Susceptibility (based on organism isolated and antibiotic requested) ...Disk Diffusion ...Microdilution ...Macrobroth Dilution ...Proportion Method
		87150 x2 87150 87150 x2 87106 87107 87153 87149 87158	Identification ...Blastomyces PCR, amplified ...Coccidioides PCR, amplified ...Histoplasma PCR, amplified ...Yeast Identification ...Mold Identification ...Sequencing PCR ...Nocardia PCR ...Nocardia Identification by other Method
Culture, Fungal (Mycology) (CSF)	Barnes Jewish Hospital Laboratory	87102 87899	Fungal Culture Cryptococcal Antigen
		87184 87186 87188 87190	Susceptibility (based on organism isolated and antibiotic requested) ...Disk Diffusion ...Microdilution ...Macrobroth Dilution ...Proportion Method
		87150 x2 87150 87150 x2 87106 87107 87153 87149 87158	Identification ...Blastomyces PCR ...Coccidioides PCR ...Histoplasma PCR ...Yeast Identification ...Mold Identification ...Sequencing PCR ...Nocardia PCR ...Nocardia Identification by other Method

Culture, Mycobacteriology	Barnes Jewish Hospital Laboratory	87116 87015 87206 87556	Mycobacteriology Culture Concentration (based on specimen type) Acid-Fast Stain (based on specimen type) PCR
		87184 87186 87188 87190	Susceptibility (based on organism isolated and antibiotic requested) ...Disk Diffusion ...Microdilution ...Macrobroth Dilution ...Proportion Method
		87118 87149 87153	Identification ...Mycobacterium (based on organism isolated) ...Biochemical or MALDI ...PCR ...Sequencing PCR
Culture, Routine	Barnes Jewish Hospital Laboratory	87045 87046 x2 87899 x2 87086 87070 87801 87798 87150 81479 87075 87205	Routine Aerobe Culture, Stool Routine Aerobe Culture, Stool (additional) Shiga Toxin Routine Aerobe Culture, Urine Routine Aerobe Culture, any other source Anaerobe Culture, Valve ...Broad Range Bacterial PCR Sequencing Anaerobe Culture, any other source Gram Stain (based on specimen type)

		87184 87181 87185 87147 87186 87798	Susceptibility (based on organism isolated) ...Disk Diffusion ...Agar Dilution ...Enzyme Detection ...PBP2a Detection ...Microdilution ...Carba-R PCR
		87077 87076 87106 87107	Identification ...Aerobe ...Anaerobe ...Yeast ...Mold
Culture, Routine (Blood)	Barnes Jewish Hospital Laboratory	87040	Blood Culture
			Susceptibility (based on organism isolated)
		87184 87181 87185 87147 87186 87798	...Disk Diffusion ...Agar Dilution ...Enzyme Detection ...PBP2a Detection ...Microdilution ...Carba-R PCR
		87077 87076 87106 87107	Identification ...Aerobe ...Anaerobe ...Yeast ...Mold
Culture, Candida (yeast)	Barnes Jewish Hospital Laboratory	87102	Candida (yeast) Culture
		87186	Susceptibility (based on organism isolated)
		87106 87153	Identification ...Yeast Identification ...Sequencing PCR

Cytomegalovirus (CMV), IgG and IgM	Barnes Jewish Hospital Laboratory	86644 86645	CMV, IgG CMV, IgM
Epstein Barr Virus (EBV) Antibody Panel, Serum	Barnes Jewish Hospital Laboratory	86665x2 86664	EBV Viral Capsid Antigen, IgG and IgM Ab EBV Nuclear Antigen Ab
Heavy Metal/Creatinine Ratio, with Reflex, Random, Urine	Mayo Clinic Laboratories	82175, 82300, 82570, 83655, 83825	Arsenic Cadmium Creatinine Urine Lead Mercury Qnt
Immune Competence Assessment	Barnes Jewish Hospital Laboratory	86359 86360 86355 86357	CD3 CD4, CD8, CD4/CD8 Ratio CD19 CD16+CD56
Influenza A/B and Covid-19 PCR	Barnes Jewish Hospital Laboratory	87636	COVID-19 Coronavirus RNA Influenza A Influenza B
Lupus Anticoagulant Panel	Barnes Jewish Hospital Laboratory	85670 85613 85732 85732 85613 85613 85732	Thrombin Time dRVVT Screen SCT Screen SCT 50.50 dRVVT 50.50 dRVVT Confirm SCT Confirm
Parasites: Complete Microscopic Ova and Parasite Exam	Barnes Jewish Hospital Laboratory	87177 87209 87328 87329	Parasite Exam Trichrome Stain Cryptosporidium Antigen Giardia Antigen
Parasites, Malaria and/or Babesia	Barnes Jewish Hospital Laboratory	87207 87899	Malaria Stain Malaria Antigen
Parasites, Screen for Giardia lamblia and Cryptosporidium species	Barnes Jewish Hospital Laboratory	87328 87329	Cryptosporidium Antigen Giardia Antigen

Partial Thromboplastin Time (PTT) 50.50 Mix	Barnes Jewish Hospital Laboratory	85730 85732 85732	PTT Activated Straight PTT Activated 50.50 PTT 1 Hour Activated 50.50
Phenytoin, Total and Free, Serum	Mayo Clinic Laboratories	80185 80186	Phenytoin, Total Phenytoin, Free
Prothrombin Time (PT) 50.50 Mix	Barnes Jewish Hospital Laboratory	85610 85611	Prothrombin Time Prothrombin Time Fractionation
Measles (Rubeola) Virus Antibody, IgM and IgG, Serum	Mayo Clinic Laboratories	86765x2	Rubeola AB
SS-A and SS-B Antibodies, IgG, Serum	Mayo Clinic Laboratories	86235x2	ENA AB any method EA AB
Stain, Acid Fast	Barnes Jewish Hospital Laboratory	87206 87116 87015	Acid Fast Stain Mycobacteriology Culture Concentration, (based on specimen type)
Stain, Fungal	Barnes Jewish Hospital Laboratory	87210 87102	Fungal Stain Fungus Culture
Stain, Gram	Barnes Jewish Hospital Laboratory	87045 87046 x2	Routine Aerobe Culture, Stool Routine Aerobe Culture, Stool (additional)

Thalassemia and Hemoglobinopathy Evaluation, Blood and Serum	Mayo Clinic Laboratories	82728, 83020x2, 83021	Ferritin HGB Variant, A2 and F Quantitation HPLC Hgb Variant
Toxoplasma IgG and IgM	Barnes Jewish Hospital Laboratory	86777 86778	Toxoplasma, IgG Toxoplasma, IgM

STANDARD REFLEX/CONFIRMATION TESTS - 2024

Performed at Christian Hospital and Northwest HealthCare

INITIAL TEST	CPT CODE	REFLEX CRITERIA	REFLEX TEST	CPT CODE
ABO/RH Type and screen	86900 86901	If there is an ABO discrepancy, an Antibody screen and antibody ID panel will be performed.	Antibody screen Antibody ID Panel	86850 86870
Acute Hepatitis Panel	80074	If no known positive HBsAg then reflex to HBsAg Neutralization. If Positive HepC ab	Hepatitis B Surface Antigen Neutralization HepC RNA	87341
Antibody Screen, Blood	86850	If Screen is positive an Antibody ID panel and Coombs Direct will be done. Possible additional testing: Pre-warm Ab screen &/or Ab ID Ab screen Ab screen &/or ID Ag typing for at least 2 units.	Antibody ID panel Coombs, Direct Prewarm Ab screen Ab ID Ab screen Antigen type on unit	86870 86880 86850 86870 86850 86978 86850 86886 86902
Coombs, Direct	86880	If Coombs Direct is positive, both Anti-C3 and Anti-IgG are performed possible elution, antibody screen and/or ID.	Anti-C3 Anti-IgG Possible additional testing: Elution Antibody screen Antibody ID	86880 86880 86860 86850 86870
Cross-match (Routine)	86920	If antibody screen is positive, full cross-match is done. If patient has a history of positive antibody screen, full cross-match is done.	Immediate Spin Technique Incubation Technique Anti-globulin Technique	86920 86921 86922
Cryptococcus Antigen	86403	Titer will be performed if positive.	Cryptococcus Antigen Titer	86406
Drug Screen with Confirmation, Urine	80307	If screening is positive for amphetamines, cocaine metabolites, fentanyl, methadone, opiates, oxycodone, or phencyclidine, confirmation testing is performed.	Amphetamines Conf Urine, Cocaine Metab Conf, Fentanyl Conf Urine, Methadone Conf, Opiates Conf Urine, Oxycodone Conf Urine, Phencyclidine Conf.	80325, 80359, G0480, 80353, 80354, 80358, 80361, 80365, 80362, 83992
Endomysial Antibody	86255	Titer will be performed if positive.	Endomysial Antibody titer	86256
Hepatitis B Surface Antigen	87340	If positive HBsAg then reflex to HBsAg Neutralization.	Hepatitis B Surface Antigen Neutralization	87341
HIV, Type 1 and 2 Antibodies + p24 Antigen	87389	All positives reflex to HIV-1 and HIV-2 differentiation.	HIV-1 and HIV-2 Antibody Confirmation and Differentiation, Serum	86701 86702
Primary HPV screening with reflex to Pap if normal	87624	If HPV is detected, Pap test will be performed	Pap test, preservative fluid, Thin layer, with screening by automated method	88175

INITIAL TEST	CPT CODE	REFLEX CRITERIA	REFLEX TEST	CPT CODE
Lipid Panel with Reflex to Direct LDL	80061	If Triglyceride result is > 400, then reflex to Direct LDL.	Direct LDL	83721
				88141
Pap test, Bethesda system	88164	If abnormal and requires physician interp will reflex to Physician Interpretation.	Physician Interpretation	88141
Pap test, preservative fluid thin layer	88142	If abnormal and requires physician interp will reflex to Physician Interpretation.	Physician Interpretation	87624 88141
Pap test, preservative fluid thin layer with Reflex to HPV	88142	If cytologic diagnosis of ASC-US and LSIL will reflex to High Risk HPV RNA Detection.	High Risk HPV RNA Detection Physician Interpretation	88141
Pap test, preservative fluid thin layer, with screening by automated method and rescreening	88175	If abnormal and requires physician interp will reflex to Physician Interpretation.	Physician Interpretation	87624 88141
Pap test, preservative fluid thin layer, with screening by automated method and rescreening with Reflex to HPV	88175	If cytologic diagnosis of ASC-US and LSIL will reflex to High Risk HPV RNA Detection.	High Risk HPV RNA Detection Physician Interpretation	86593 86780
Rapid Plasma Reagin (RPR)	86592	All reactive results receive a RPR quantitation and T. pallidum confirmation if ordered as Reflex.	RPR Titer T. pallidum confirmation	86334 83883*2
SPE Reflex	84165 84165-26	Reflex IFE, if positive result on SPE and > 1 year since last IFE or new patient. Serum Free Light chains reflexed if Gamma on SPE is less than or equal to 0.5	Immunofixation Serum Free Light chains	84439 84481
Thyroid Cascade	84443	FT4 is performed if TSH is outside the normal reference interval (<0.30 mcIU/mL or >4.2 mcIU/mL). FT3 is performed if TSH is <0.3 and FT4 is normal or decreased (≤1.7 ng/dL)	Free T4 Free T3	81015
Urine Dipstick Reflex to Microscopic	81003	If abnormal result is reported for protein, blood or leukocyte esterase. A microscopic review will be reflexed.	Microscopic Urinalysis	81015 87086
Urine Dipstick Reflex to Microscopic with Culture Reflex	81003	If abnormal result is reported for protein, blood or leukocyte esterase. A microscopic review will be reflexed. If the abnormality is >10 WBC/hpf, the specimen will be cultured.	Microscopic Urinalysis Urine Culture (See Urine Culture for other codes and further information)	

Standard Profiles - 2024

Performed at Christian Hospital and Northwest HealthCare

Test Name	Components	CPT Code
ABO/Rh	ABO Typing	86900
	Rh Typing	86901
Direct Coombs (Direct Antiglobulin Profile)	Direct Coombs IgG	86880
	Direct Coombs C3	86880
Electrolyte Panel, Blood	Sodium	84295
	Potassium	84132
	Chloride	82435
	Carbon Dioxide	82374
Flow Cytometry Tissue/Fluid Triage Panel	CD2, CD3, CD5, CD56, CD4, CD64, CD8, CD30, CD45, CD7, Kappa, Lamda, CD38, CD19, CD10, CD34, CD20	88184 88185 x16
Flow Cytometry Peripheral Blood Triage Panel	CD2, CD3, CD5, CD56, CD4, CD64, CD8, CD14, CD45, CD7, Kappa, Lambda, CD38, CD19, CD10, CD34, CD20	88184 88185 x16
Flow Cytometry Bone Marrow Triage Panel	CD2, CD3, CD5, CD56, CD64, CD8, CD14, CD45, CD7, Kappa, Lambda, CD38, CD19, CD10, CD34, CD20, CD36, CD16, CD11b, CD13, CD4	88184 88185 x20
GC and Chlamydia Amplified DNA	GC and Chlamydia Amplified DNA	87591
		87491
Glucose Tolerance	Glucose, First Three Specimens	82951
	Glucose, Each Additional	82952
Hemoglobin & Hematocrit	Hemoglobin	85018
	Hematocrit	85014
Immunofixation Electrophoresis	Immunofixation Electrophoresis	86334
	Interpretation	86334-26
Urine Protein Electrophoresis with Immunofixation Electrophoresis and Interp, Urine	Protein Fractionation and Quantitation	84166
	Urine Immunofixation	86335
	Volume Measurement	81050
	Interpretation	86335-26
Immunoglobulin Free Light Chains	Kappa Free Light Chains	83521 x 2
	Lambda Free light Chains	
	Kappa/Lambda FLC ratio	
Influenza A and B, RSV PCR & COVID	Influenza A RNA, Influenza B RNA RSV RNA, COVID RNA	0241U
T _H and B Cell Count	Natural Killer Cells, Total Count	86357
	B Cells, Total Count	86355
	T Cells, Total Count	86359
	Absolute CD4 and CD8 Count w/Ratio	86360
Total and Direct Bilirubin	Bilirubin, Total	82247
	Bilirubin, Direct	82248
Type and Screen, Blood	Antibody Screen RBC	86850
	ABO Typing	86900
	Rh Typing	86901
24 Hour Urine Protein Electrophoresis with Immunofixation and Interp.	Protein Fractionation and Quantitation	84166
	Urine Immunofixation	86335
	Volume Measurement	81050
	Interpretation	
Urine Timed Chemistry Tests	All timed urine chemistry tests may also include a volume measurement charge	81050

Standard Profiles - 2024

Performed at Christian Hospital and Northwest HealthCare

Test Name	Components	CPT Code
Whole Blood Lytes With Glucose	Sodium, whole blood Potassium, whole blood Chloride, whole blood Calcium, Ionized, whole blood Glucose, whole blood	80051 82947
Random Urine Microalbumin/Creatinine Ratio	Urine Albumin Urine Creatinine Microalbumin/Creatinine Ratio	82043 82570
Respiratory Pathogen Multiplex PCR	Bordetella pertussis, Bordetella paraptussis, Chlamydophila pneumoniae, Mycoplasma pneumoniae, Adenovirus, Coronavirus HKU1, Coronavirus NL63, Coronavirus 229E, Coronavirus OC43, Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), Influenza A, Influenza A subtype H1, Influenza A subtype H3, Influenza A subtype 2009 H1, Influenza B, Metapneumovirus, Parainfluenza 1, Parainfluenza 4, RSV and Rhinovirus/Enterovirus	0202U

AMA Organ or Disease Panels - 2024

CPT CODE	DESCRIPTOR and COMPONENTS	CPT CODE	DESCRIPTOR and COMPONENTS
80074 86709 86705 87340 86803	<u>Acute Hepatitis Panel</u> Hepatitis A Antibody, IgM Hepatitis B Core Antibody, IgM Hepatitis B Surface Antigen Hepatitis C Antibody	80061 82465 83718 84478	<u>Lipid Panel</u> Cholesterol, Serum Total Cholesterol, High Density Lipoprotein (HDL) Triglycerides
80048 82310 82374 82435 82565 82947 84132 84295 84520	<u>Basic Metabolic Panel (Calcium, total)</u> Calcium, Total Carbon Dioxide Chloride Creatinine Glucose Potassium Sodium Urea Nitrogen	80076 82040 82247 82248 84075 84155 84460 84450	<u>Hepatic Function Panel</u> Albumin Bilirubin, Total Bilirubin, Direct Phosphatase, Alkaline Protein, total ALT(SGPT) AST (AGOT)
80069 82040 82310 82374 82435 82565 82947 84100 84132 84295 84520	<u>Renal Function Panel</u> Albumin Calcium Carbon Dioxide Chloride Creatinine Glucose Phosphorus, Inorganic (Phosphate) Potassium Sodium Urea Nitrogen	80051 82374 82435 84132 84295	<u>Electrolyte Panel</u> Carbon Dioxide Chloride Potassium Sodium
80053 82040 84460 84450 82247 82310 82374 82435 82565 82947 84075 84132 84155 84295 84520	<u>Comprehensive Metabolic Panel</u> Albumin ALT (SGPT) AST (SGOT) Bilirubin, Total Calcium, Total Carbon Dioxide Chloride Creatinine Glucose Phosphatase, Alkaline Potassium Protein, Total Sodium Urea Nitrogen	80055 85025 87340 86762 86592 86900 86901 86850 80081 85025 87340 86762 86592 86900 86901 86850 87389	<u>Obstetric Panel</u> Complete Blood Count (CBC) Hepatitis B Surface Antigen Rubella Antibody, IgG RPR ABO Rh Antibody Screen <u>Obstetric Panel with HIV</u> Complete Blood Count (CBC) Hepatitis B Surface Antigen Rubella Antibody, IgG RPR ABO Rh Antibody Screen HIV-1 Ag w/ HIV-1 and HIV-2 Ab
		80050 80053 85025 84443	<u>General Health Panel</u> Comprehensive Metabolic Panel Complete Blood Count (CBC) Thyroid Stimulating Hormone (TSH)

CPT CODE	DESCRIPTOR and COMPONENTS
81001 81003 81015	<u>Complete Urinalysis</u> Urinalysis, Macroscopic Urinalysis, Microscopic
85025 85048 85041 85018 85014 85049 N/A	<u>Complete Blood Count (CBC)</u> – Includes automated differential White Blood Count Red Blood Count Hemoglobin Hematocrit Platelet Count Automated Differential
85027 85048 85041 85018 85014 85049	<u>CBC - No automated differential</u> White Blood Count Red Blood Count Hemoglobin Hematocrit Platelet Count

BLOOD PRODUCTS– 2024

In order to comply with FDA guidance for the prevention of bacterial contamination in platelets, the Red Cross, which serves as the primary blood supplier for all BJC hospitals, will begin providing only two platelet products starting June 1, 2021: pathogen-reduced (PR) platelets and large-volume delayed-sampling (LVDS) platelets. The FDA considers these products to be equivalent in meeting the universal indication for prevention of bacterial contamination in all patients.”

CPT CODE	DESCRIPTOR and COMPONENTS
P9073 36430	Platelet, Pheresis, Pathogen Reduced Transfusion Blood/Component
P9037 36430	Platelet Pher Leukoreduced, Irradiated Transfusion Blood/Component