

2018 Annual Notice to Physicians

West Pacific Medical Laboratory is committed to promoting awareness and adherence to all federal laws and regulations. In accordance with the Office of Inspector General's (OIG) recommendation, this notice will provide our physician clients valuable information. The information contained within is intended to aid physician clients and the laboratory comply with the regulations and mitigate risks for all parties.

PECOS - Medicare Ordering and Referring Information

As of 2014, Medicare requires all physicians or other eligible non-physician practitioners (NPP) to enroll in or have a valid opt-out record with the Center for Medicare and Medicaid Services' Provider Enrollment, Chain and Ownership System (PECOS) in order to order/refer items or services for Medicare beneficiaries. Information on the requirement and how to enroll is available at:

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html>

Medical Necessity

Tests that are medically necessary for the diagnosis or treatment of a Medicare patient are covered and will be reimbursed. Screening or Investigational Use Only tests are not generally covered by Medicare, with some exceptions. An approved panel must only be ordered when every test in that panel is medically necessary. If all components of the panel are not medically necessary, individual tests or a less inclusive panel containing only the medically necessary tests should be ordered. The OIG takes the position that a physician who orders medically unnecessary tests for which Medicare reimbursement is claimed may be subject to civil penalties. As a Medicare participating provider, West Pacific Medical Laboratory has a responsibility to make good faith efforts to ensure that all tests requested are performed and billed in a manner consistent with all federal and state laws and regulations.

Billing Information

Section 4317 of the Balanced Budget Act of 1997 requires that the physician or other authorized ordering party submit diagnosis information on the laboratory order for submission of a Medicare claim. The diagnosis information provided should accurately describe the patient's condition on the date of service as documented in the patient's medical record. The laboratory requires the following information to enable the billing department to bill Medicare, Medicaid or other commercial insurance:

- ✓ patients full name
- ✓ patient's complete address, including city state and zip code
- ✓ patient's date of birth and gender
- ✓ patient's insurance (a copy of the patient's current insurance card is requested)
- ✓ ordering physician's full name
- ✓ valid diagnosis code(s) for each test, and
- ✓ valid ABN, when mandated by Medicare NCD/LCD policy.

2018 Medicare Clinical Laboratory Fee Schedule

Outpatient clinical laboratory services are paid based on a fee schedule in accordance with Section 1833(h) of the Social Security Act. Payment is the lesser of the amount billed, the local fee for geographic area, or a national limit. Co-payments and deductibles do not apply to services paid under the Medicare Clinical Laboratory Fee Schedule. Medi-Cal reimbursement will be equal to, or less than, Medicare reimbursement.

The 2018 Medicare Clinical Laboratory Fee Schedule can be viewed at:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Clinical-Laboratory-Fee-Schedule-Files-Items/18CLAB.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>

American Medical Association (AMA) Organ and Disease Oriented Panels

AMA panels were developed for coding purposes only and should not be interpreted as clinical parameters. Each component in an AMA-defined panel must be considered medically necessary when ordering.

Custom Profiles

West Pacific Medical Laboratory does not encourage the use of custom profiles, however, in instance where clients insist on customization, the client is advised that custom profiles require a signed Physician Acknowledgement Form (PAF) upon inception with annual renewal thereafter. Custom profiles will not be created without completion of this form nor will they remain active without annual renewal. The PAF details CPT codes and the Medicare and Medi-Cal reimbursement paid for each component of the profile. Please be advised that ordering custom profiles may result in the ordering of tests which are not covered, reasonable or necessary and the OIG takes the position that an individual who knowingly causes a false claim to be submitted may be subject to sanctions or remedies available under civil, criminal an administrative law.

Medical Laboratory National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs).

Centers for Medicare and Medicaid Services (CMS) has established National Coverage Determinations (NCD) that place restrictions on certain tests for Medical Necessity or Utilization. California Medicare carrier Noridian, has published Local Coverage Determinations (LCD) for certain tests. These polices define the medical conditions for which these tests are covered or reimbursed by Medicare. For these tests, the ordering provider is required to provide diagnostic information that supports the medical necessity for the test.

LCDs may be viewed at: <https://www.cms.gov/medicare-coverage-database/indexes/lcd-state-index.aspx>

NCDs may be viewed at: <https://www.cms.gov/medicare-coverage-database/indexes/lab-ncd-index.aspx>

Advance Beneficiary Notice of Noncoverage (ABN)

Not all laboratory services are covered by Medicare. For statutorily excluded services, the laboratory may bill Medicare patients directly. For certain other laboratory tests, an Advance Beneficiary Notice of Noncoverage (ABN) is used to document that the patient has been made aware that Medicare may not pay for services and has agreed to pay the laboratory in the event payment is denied. A separate ABN must be used for each encounter. ABN's must be collected prior to services being rendered. Client-collected ABN's must be attached to the requisition when samples are submitted to the laboratory. The laboratory will be responsible for collecting the ABN from the patient only when there is a face to face interaction between the patient and the laboratory. More information is available at:

<https://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.html>

Medicare Preventive Screening Laboratory Tests

Certain preventive screening laboratory tests are covered benefits for Medicare patients. Benefit coverage is specific for each service, covered diagnosis codes, coverage requirements, and frequency limitations. A full list of tests may be viewed at:

<https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

Reflex testing

Reflex testing occurs when initial test results are positive or outside normal parameters and indicate that a second related test is medically appropriate for patient care. There are two types of reflex testing protocols – required and optional reflex tests.

(a) Required Reflex Tests

Laboratory tests which, if positive, require additional separate follow-up testing in order to have clinical value. Reflex tests required by state, regulatory or accreditation standards are also considered to be of this type.

(b) Optional Reflex Tests

Laboratory tests where the initial test results may have clinical value without the additional reflex testing.

Clinical Consultant/Medical Director

The Laboratory Medical Director is available to provide guidance as requested.

<u>Performing Laboratory</u>	<u>Director Name</u>	<u>Director Contact Information</u>	
Bakersfield Laboratory:	James Hannah, MD	(661) 325-0744	jhannah@pallab.org
Central Coast Pathology Laboratory:	Michael V. Frost, MD	(805) 541-6033	mfrost@ccpathology.com
West Pacific Medical Laboratory:	Ronald Rocha, MD	(562) 906-5227	rocha@ccpathology.com

Supply Provision

The laboratory provides supplies that are used solely to collect, transport, process, or store specimens referred to our laboratory. Supplies are filled according to utilization.

Attachments

The pages that follow will provide you and your staff with additional resources. Please take a moment to review and/or disseminate this information accordingly. We value your business and appreciate the opportunity to server your laboratory needs in conjunction with these initiatives.

- AMA Defined Organ or Disease Oriented Panels
- Reflex tests

Thank you for supporting West Pacific Medical Laboratory

AMA Defined Organ or Disease Oriented Panels

Panel Name	Components	CPT Code
Acute Hepatitis Panel	Hepatitis A AB, IGM Hepatitis B Core AB, IGM	Hepatitis B SAB Hepatitis C AB 80074
Basic Metabolic Panel	Calcium Chloride CO2 Bicarbonate Creatinine	Glucose Potassium Sodium Urea Nitrogen 80048
Comprehensive Metabolic Panel	Albumin Alkaline Phosphatase ALT AST Bilirubin, Total Calcium Chloride	CO2 Bicarbonate Creatinine Glucose Potassium Protein Sodium Urea Nitrogen 80053
Electrolyte Panel	Chloride CO2 Bicarbonate	Potassium Sodium 80051
Hepatic Function Panel	Albumin Alkaline Phosphatase ALT AST	Bilirubin, Total Bilirubin, Direct Protein 80076
Lipid Panel	Cholesterol, Total Triglycerides Cholesterol, HDL	80061
Obstetric Panel	Hepatitis B SAG Rubella AB Syphilis AB Screen RBC	ABO blood type RH Blood Type CBC 80055
Renal Function Panel	Albumin Calcium Chloride CO2 Bicarbonate Creatinine	Glucose Phosphorus Potassium Sodium Urea Nitrogen 80069

REFLEX TESTING

West Pacific Medical Laboratory utilizes reflex testing to validate primary test results or add additional testing when medically appropriate. A list is provided below that details all reflex testing that is performed at West Pacific Medical Laboratory, as well all reference laboratories.

CODE	INITIAL TEST	REFLEX RULE	CODE	REFLEXED TESTS
9503	Reticulin Autoantibodies, Screen	if Abnormal (Positive)	ARW42101N	WILDCODE- Reticulin IgA Screen with Reflex to Titer (FWD to Quest SJC)
9504	Endomysial Autoantibodies, Screen	if Abnormal (Positive)	AR0050736	Endomysial Antibody, IgA by IFA
905	TSH, 3rd Gen rfx to FT4	if Abnormal (Positive)	204	Thyroxine (T4), Free
906	Creatine Kinase(CPK), Total rfx to CKMB	if Abnormal (Positive)	237	Creatine Kinase-MB Fraction (CKMB)
907	PSA, Total rfx to PSA, Free	if Abnormal (Positive)	302 300	PSA, Free Prostate Specific Antigen Ratio (Calc.)
110	Antibody Screen (Indirect Coombs)	if Abnormal (Positive)	U1001	UCI Antibody ID
2381	Protein Electrophoresis, Serum	if Abnormal (Positive)	3038	IFE
360	Sperm Count, Post Vasectomy	If Abnormal (Present)	841	Sperm Count
489	Antinuclear Antibody (ANA)	if Abnormal (Positive)	2995	Lupus w/o ANA
1261	Antinuclear Antibody (ANA) Screen by IFA	if Abnormal (Positive)	1262 1263	ANA Titer ANA Pattern
CP4514	F-Actin IgG	if Abnormal (>=20)	CP45144	Smooth Muscle IgG Titer
213	Triglycerides	if Abnormal (>=400)	137	Direct LDL
2377	Urinalysis w/Micro with Reflex to Culture	if Urine WBC >= 6-10; if Urine RBC >= 11-25; if Urine Bacteria = Few, Moderate, Many; if Leukoesterase = Abnormal (Trace,1+,-,2+,3+); if Nitrites = Abnormal (Positive)	258	Culture, Urine
2399	Urinalysis w/Reflex to Microscopy	if Protein = Abnormal (Trace,1+,2+,3+,4+); if Blood = Abnormal (Trace,1+,2+,3+); if Leukoesterase = Abnormal (Trace,1+,2+,3+); if Nitrites = Abnormal (Positive)	2123	Urine Microscopy
915	Sickle Cell Screen w/ reflex HGB Elec	if Abnormal (Positive)	275	Hemoglobin (HGB) Electrophoresis
195	Treponema pallidum Antibodies	if Abnormal (>=0.9)	211	RPR, Qualitative
211	RPR, Qualitative	if Normal (Non Reactive)	AR0050777	Treponema pallidum Antibodies by TP-PA
211	RPR, Qualitative	if Abnormal (Weakly Reactive, Reactive)	225	RPR, Titer
663	RPR/STS Qualitative	if Abnormal (Weakly Reactive, Reactive)	225 667	RPR, Titer Treponema pallidum Antibody, Reflex
667	Treponema pallidum Ab, Reflex	if Abnormal (Indeterminate, Reactive)	AR0050777	Treponema pallidum Antibodies by TP-PA
165	HIV 1/2 Antibody Screen	if Abnormal (Indeterminate, Reactive)	AR2013107	Human Immunodeficiency Virus Types 1 and 2 (HIV-1/2) Antibody Differentiation, Supplemental
358	HIV 1/2 Antibody Screen (Conf.)	if Abnormal (Indeterminate, Reactive)	AR2013107	Human Immunodeficiency Virus Types 1 and 2 (HIV-1/2) Antibody Differentiation, Supplemental
1112	HIV Combo Ag/Ab, 4 th Generation	if Abnormal (Indeterminate, Reactive)	AR2013107	Human Immunodeficiency Virus Types 1 and 2 (HIV-1/2) Antibody Differentiation, Supplemental
217	Hepatitis A Antibody, Total rfx to IgM	if Abnormal (Indeterminate, Reactive)	161	Hepatitis A Antibody, IgM
159	Hepatitis B Surface Antigen	if Abnormal (Indeterminate, Reactive)	175	Hepatitis B Surface Antigen Confirmation

CODE	INITIAL TEST	REFLEX RULE	CODE	REFLEXED TESTS
1329	HTLV I/II Antibody, Screen w/ Reflex to Confirmation	if Abnormal (Reactive)	AR0020642	Human T-Lymphotropic Virus (HTLV) Types I/II Antibodies, Western Blot
253	Culture, Herpes	if Abnormal (Positive)	244	Culture, Herpes Type 2
244	Culture, Herpes Type 2	if Normal (Negative)	243	Culture, Herpes Type 1
978	Culture, Herpes (Specimen #2)	if Abnormal (Positive)	980	Culture, Herpes Type 2
980	Culture, Herpes Type 2	if Normal (Negative)	979	Culture, Herpes Type 1
413	Pap Smear w/Reflex HPV if Ascus	If Pap Smear = Ascus	403	HPV, High Risk
414	Pap Smear w/Reflex HPV if Ascus & Above	If Pap Smear = Ascus or Above	403	HPV, High Risk
415	Pap Smear w/Reflex HPV if Ascus w/rfx Genotype	If Pap Smear = Ascus	403	HPV, High Risk
416	Pap Smear w/Reflex HPV if Ascus & Ab w/rfx Genotype	If Pap Smear = Ascus or Above	403	HPV, High Risk
1218	Pap Smear, Image Guided (ThinPrep) w/rfx HPV if ASCUS	If Pap Smear = Ascus	403	HPV, High Risk
1220	Pap Smear (SurePath) w/rfx HPV if ASCUS	If Pap Smear = Ascus	403	HPV, High Risk
1230	Pap Smear, Image Guided (ThinPrep) w/rfx HPV if ASCUS	If Pap Smear = Ascus	403	HPV, High Risk
1231	Pap Smear, Image Guided (ThinPrep) w/rfx HPV if Ascus and	If Pap Smear = Ascus or Above	403	HPV, High Risk
1232	Pap Smear, Image Guided (ThinPrep) w/rfx HPV if Ascus w/rfx	If Pap Smear = Ascus	403	HPV, High Risk
1233	Pap Smear, Image Guided (ThinPrep) w/rfx HPV if Ascus+	If Pap Smear = Ascus	403	HPV, High Risk
1234	Pap Smear (SurePath) w/rfx HPV if Ascus and Above	If Pap Smear = Ascus or Above	403	HPV, High Risk
1235	Pap Smear (SurePath) w/rfx HPV if Ascus w/rfx Genotype	If Pap Smear = Ascus	403	HPV, High Risk
1236	Pap Smear (SurePath) w/rfx HPV if Ascus and Ab w/rfx Genotype	If Pap Smear = Ascus or Above	403	HPV, High Risk
1333	Pap Smear, Image Guided (ThinPrep - ACOG Age)	If Pap Smear = Ascus & If Age 21-29	403	HPV, High Risk
1333	Pap Smear, Image Guided (ThinPrep - ACOG Age)	If Age 30-65	403	HPV, High Risk
1334	Pap Smear, Image Guided (ThinPrep - ACOG Age w/ STD)	If Pap Smear = Ascus & If Age 21-29	403	HPV, High Risk
1334	Pap Smear, Image Guided (ThinPrep - ACOG Age w/ STD)	If Age 21-29	317 319	Chlamydia, TMA GC, TMA
1334	Pap Smear, Image Guided (ThinPrep - ACOG Age w/ STD)	If Age 30-65	403 317 319	HPV, High Risk Chlamydia, TMA GC, TMA
1335	Pap Smear (SurePath - ACOG Age)	If Pap Smear = Ascus & If Age 21-29	403	HPV, High Risk
1335	Pap Smear (SurePath - ACOG Age)	If Age 30-65	403	HPV, High Risk
1336	Pap Smear (SurePath - ACOG Age w/ STD)	If Pap Smear = Ascus & If Age 21-29	403	HPV, High Risk
1336	Pap Smear (SurePath - ACOG Age w/ STD)	If Age 21-29	317 319	Chlamydia, TMA GC, TMA
1336	Pap Smear (SurePath - ACOG Age w/ STD)	If Age 30-65	403 317 319	HPV, High Risk Chlamydia, TMA GC, TMA
1340	Pap Smear (SurePath) w/rfx HPV if Ascus or LSIL	If Pap Smear = Ascus or LSIL	403	HPV, High Risk
1341	Pap Smear, Image Guided (ThinPrep) w/rfx HPV if Ascus or LSIL	If Pap Smear = Ascus or LSIL	403	HPV, High Risk
413	Pap Smear w/rfx HPV if Ascus	If HSIL/LSIL	N/A	Generate Letter to Physician for follow-up

CODE	INITIAL TEST	REFLEX RULE	CODE	REFLEXED TESTS
414	Pap Smear w/rfx HPV if Ascus & Above	If HSIL/LSIL	N/A	Generate Letter to Physician for follow-up
415	Pap Smear w/rfx HPV if Ascus w/rfx Genotype	If HSIL/LSIL	N/A	Generate Letter to Physician for follow-up
416	Pap Smear w/rfx HPV if Ascus & Ab w/rfx Genotype	If HSIL/LSIL	N/A	Generate Letter to Physician for follow-up
1201	Pap Smear, Image Guided(ThinPrep)	If HSIL/LSIL	N/A	Generate Letter to Physician for follow-up
1219	Pap Smear (SurePath)	If HSIL/LSIL	N/A	Generate Letter to Physician for follow-up
1220	Pap Smear (SurePath) w/rfx HPV if ASCUS	If HSIL/LSIL	N/A	Generate Letter to Physician for follow-up
1230	Pap Smear, Image Guided(ThinPrep) w/rfx HPV if ASCUS	If HSIL/LSIL	N/A	Generate Letter to Physician for follow-up
1231	Pap Smear, Image Guided(ThinPrep) w/rfx HPV if Ascus and Above	If HSIL/LSIL	N/A	Generate Letter to Physician for follow-up
1232	Pap Smear, Image Guided(ThinPrep) w/rfx HPV if Ascus w/rfx Genotype	If HSIL/LSIL	N/A	Generate Letter to Physician for follow-up
1233	Pap Smear, Image Guided(ThinPrep) w/rfx HPV if Ascus+ w/rfx Genotype	If HSIL/LSIL	N/A	Generate Letter to Physician for follow-up
1234	Pap Smear (SurePath) w/rfx HPV if Ascus and Above	If HSIL/LSIL	N/A	Generate Letter to Physician for follow-up
1235	Pap Smear (SurePath) w/rfx HPV if Ascus w/rfx Genotype	If HSIL/LSIL	N/A	Generate Letter to Physician for follow-up
1236	Pap Smear (SurePath) w/rfx HPV if Ascus and Ab w/rfx Genotype	If HSIL/LSIL	N/A	Generate Letter to Physician for follow-up
356	Culture, Anaerobic (Specimen#1)	If Abnormal (Positive)	N/A	ID Only
947	Culture, Anaerobic (Specimen#2)	If Abnormal (Positive)	N/A	ID Only
948	Culture, Anaerobic (Specimen#3)	If Abnormal (Positive)	N/A	ID Only
987	Culture, Anaerobic (Specimen#4)	If Abnormal (Positive)	N/A	ID Only
1520	Culture, Beta Strep A Screen	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
248	Culture, Blood	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
251	Culture, Blood	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
254	Culture, Blood	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
1800	Culture, CSF	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
249	Culture, Ear	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
484	Culture, Ear	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
250	Culture, Eye	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
485	Culture, Eye	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
259	Culture, Group B Strep	If Abnormal (Positive)	N/A	ID Only
450	Culture, Group B Strep	If Abnormal (Positive)	N/A	ID Only
346	Culture, Group B Strep	If Abnormal (Positive)	N/A	ID and Susceptibility
320	Culture, GC	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
252	Culture, Genital	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
345	Culture, Genital	If Abnormal (Positive)	N/A	ID and Susceptibility
253	Culture, Herpes	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
978	Culture, Herpes (Specimen #2)	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
238	Culture, Misc.	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
240	Culture, Misc.	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
267	Culture, Misc.	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
662	Culture, Misc.	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID

CODE	INITIAL TEST	REFLEX RULE	CODE	REFLEXED TESTS
669	Culture, Misc.	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
918	Culture, MRSA	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
322	Culture, Mycoplasma/Ureaplasma	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
309	Culture, Mycoplasma/Ureaplasma (Specimen #2)	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
268	Culture, Nasal	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
951	Culture, Nasal (Specimen # 2)	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
952	Culture, Nasal (Specimen # 3)	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
1088	Culture, Nasal	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
290	Culture, Penile	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
255	Culture, Sputum	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
370	Culture, Sterility	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
391	Culture, Stool (Specimen #1)	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
392	Culture, Stool (Specimen #2)	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
393	Culture, Stool (Specimen #3)	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
257	Culture, Throat	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
258	Culture, Urine	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
343	Culture, Urine	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
167	Culture, Vaginal	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
344	Culture, Vaginal	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
260	Culture, Wound	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID
347	Culture, Wound	If Abnormal (Positive)	N/A	ID and Susceptibility based on ID