

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-02 Medicare Benefit Policy	Centers for Medicare & Medicaid Services (CMS)
Transmittal 83	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	11/ 30/ 30.2.2/Automated Multi-Channel Chemistry (AMCC) Tests

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. 100-02	Transmittal: 83	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 E C	R 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) 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.	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 E M A C	F I	C A R R I E R	D M E R C	R E 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 E M A C	F I	C A R R I E R	D M E R C	R E 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.

30.2.2- Automated Multi-Channel Chemistry (AMCC) Tests

(Rev. 83; Issued: 02-15-08; Effective: 07-01-08; Implementation: 07-07-08)

Clinical diagnostic laboratory tests included under the composite rate payment are paid through the composite rate paid by the intermediary. To determine if separate payment is allowed for non-composite rate tests for a particular date of service, 50 percent or more of the covered tests must be non-composite rate tests.

Medicare will apply the following to AMCC tests for ESRD beneficiaries:

1. Payment is the lowest rate for services performed by the same provider, for the same beneficiary, for the same date of service.
2. The intermediary must identify for a particular date of service the AMCC tests ordered that are included in the composite rate and those that are not included. The composite rate tests are defined for Hemodialysis, Intermittent Peritoneal Dialysis (IPD), Continuous Cycling Peritoneal Dialysis (CCPD), and Hemofiltration (Attachment 1) and for Continuous Ambulatory Peritoneal Dialysis (CAPD) (Attachment 2).
3. If 50 percent or more of the covered tests are included under the composite rate payment, then all submitted tests are included within the composite payment. In this case, no separate payment in addition to the composite rate is made for any of the separately billable tests.
4. If less than 50 percent of the covered tests are composite rate tests, all AMCC tests submitted for that Date of Service (DOS) are separately payable.
5. A non-composite rate test is defined as any test separately payable outside of the composite rate or beyond the normal frequency covered under the composite rate that is reasonable and necessary.

Three pricing modifiers discretely identify the different payment situations for ESRD AMCC tests. The physician that orders the tests is responsible for identifying the appropriate modifier when ordering the tests.

- CD - AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable
- CE - AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity

CF – AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable

The ESRD clinical diagnostic laboratory tests identified with modifiers “CD”, “CE” or “CF” may not be billed as organ or disease panels. Effective October 1, 2003, all ESRD clinical diagnostic laboratory tests must be billed individually. See Pub. 100-04, Medicare Claims Processing Manual, Chapter 8, for additional billing and payment instructions as well as examples of the 50/50 rule.

For ESRD dialysis patients, CPT code 82330 Calcium; ionized shall be included in the calculation for the 50/50 rule (Pub 100-04, Chapter 16, § 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.

Composite Rate Tests for Hemodialysis, IPD, CCPD, and Hemofiltration (Items in bold are non composite rate test)

Chemistry	CPT Code	Monthly	Weekly	13 x Quarter
Albumin	82040	X		
Alkaline Phosphatase	84075	X		
ALT (SGPT)	84460			
AST (SGOT)	84450	X		
Bilirubin, total	82247			
Bilirubin, direct	82248			
Calcium	82310	X		
<i>Calcium ionized (billed with modifier CD or CE)</i>	<i>82330</i>	<i>X</i>		
<i>Calcium ionized (billed with modifier CF)</i>	<i>82330</i>	<i>X</i>		
Chloride	82435	X		
Cholesterol	82465			
CK, CPK	82550			
CO2 (bicarbonate)	82374	X		
Creatinine	82565		X	
GGT	82977			
Glucose	82947			
LDH	83615	X		
Phosphorus	84100	X		
Potassium	84132	X		
Protein, total	84155	X		
Sodium	84295			
Triglycerides	84478			
Urea nitrogen (BUN)	84520			X
Uric Acid	84550			

Composite Rate Tests for CAPD (Items in bold are non composite rate test)

Chemistry	CPT Code	Monthly	Weekly	13 x Quarter
Albumin	82040	X		
Alkaline Phosphatase	84075	X		
ALT (SGPT)	84460			
AST (SGOT)	84450	X		
Bilirubin, total	82247			
Bilirubin, direct	82248			
Calcium	82310	X		
<i>Calcium ionized (billed with modifier CD or CE)</i>	<i>82330</i>	<i>X</i>		
<i>Calcium ionized (billed with modifier CF)</i>	<i>82330</i>	<i>X</i>		
Chloride	82435			
Cholesterol	82465			
CK, CPK	82550			
CO2 (bicarbonate)	82374	X		
Creatinine	82565	X		
GGT	82977			
Glucose	82947			
LDH	83615	X		
Phosphorus	84100	X		
Potassium	84132	X		
Protein, total	84155	X		
Sodium	84295	X		
Triglycerides	84478			
Urea nitrogen (BUN)	84520	X		
Uric Acid	84550			

