

# Policies-Barnes-Jewish Hospital

## CPT Coding

It is your responsibility to determine the correct CPT codes to use for billing. While this catalog lists CPT codes in an effort to provide some guidance, the CPT codes listed only reflect our interpretation of CPT coding requirements and are not necessarily correct. Particularly, in the case of a test involving several component tests, this catalog attempts to provide a comprehensive list of the CPT codes for all of the possible components of the test. Only a subset of the component tests may be performed on your specimen. You should verify the accuracy of the codes listed; and where multiple codes are listed, you should select the codes for the tests actually performed on your specimen. Barnes-Jewish Hospital Laboratory assumes no responsibility for billing errors due to reliance on the CPT codes listed in this catalog.

Barnes-Jewish Hospital uses Mayo Medical Laboratories for certain reference testing services. Many of the laboratory tests, panels, and profiles that Mayo Medical Laboratories performs for Barnes-Jewish Hospital Laboratory are identified and listed in this test catalog. The Mayo Medical Laboratories tests, panels, and profiles have been established by Mayo Medical Laboratories in accordance with their policies and procedures. Any listed Mayo Medical Laboratories profile that contains multiple CPT codes should be treated as a profile for purposes of Medicare. Therefore, the ordering physician should order the profile only if all of its components are medically necessary for the particular patient. If all of the components are not medically necessary, the physician should order only the necessary tests.

For further reference, please consult the CPT Coding Manual published by the American Medical Association; and if you have any questions regarding the use of a code, please contact your local Medicare carrier.

## Definition of Patient Type

Some test entries in this catalog include “Hospital Patient” and “Non Hospital Patient” as qualifiers for specimen requirements. The method of delivery to the laboratory and, in some cases, specimen requirement, may differ depending on the originating site of the specimen and the analyte stability of the test requested. Please refer to the applicable patient type for specimen requirements.

### Hospital Patients include:

Inpatients, Emergency Department Patients, Washington University/Barnes-Jewish Hospital Clinic Patients, 23-Hour Stay Patients, and Patients drawn or collected in Express Testing Areas.

### Non Hospital Patients include:

Ambulatory patients whose specimens are collected in locations other than above, and sent to Barnes-Jewish Hospital Laboratory for testing.

## Physician Critical Notification

Test results that fall within the established critical value ranges (see Physician Critical Values table in General Information) will be communicated following Barnes-Jewish Hospital policy and regulatory requirements.

Critical values for tests referred to an outside laboratory are determined by the reference laboratory performing the assay. Results noted as alert values by that reference laboratory will be reported following the same procedure.

## Physician Critical Value Notification, Microbiology

The Microbiology Laboratory will notify physicians of the following results:

- Positive blood cultures
- Positive cerebrospinal fluid (CSF) and spinal cord-associated specimen cultures and smears
- Positive ocular fluid cultures
- STAT Gram stains from the operating rooms
- Significant pathogens from stool specimens
- Unusual pathogens: *Brucella*, *Francisella tularensis*, *Legionella*, etc.
- Significant fungal isolates: *Cryptococcus*, *Blastomyces*, *Histoplasma* etc.
- Mycobacteriology: cultures and smears positive for acid-fast bacilli
- Parastiology: positive blood parasites, *Acanthamoeba*, and *Strongyloides*
- Vancomycin-resistant or intermediate *Staphylococcus aureus*
- Positive cryptococcal (CSF), *Legionella*, and other special request antigen tests

## Requisition Requirements

Providing complete information on each laboratory requisition is necessary to insure accurate ordering, timely reporting and correct billing. The following information is required on the requisition:

- Complete patient information-patient’s first and last name, gender, date of birth, Social Security number (or hospital identification number for hospital inpatient)

- Ordering physician-first and last name
  - Ordering physician-signature
  - Tests or assays requested-clearly marked
  - Source of the specimen-when applicable
  - Clinical information-when applicable
  - Billing instructions-indicate how patient is to be billed
    - When a third party is to be billed the following additional information is necessary.
      - Diagnosis
      - Patient's complete address, commercial insurance plan name and address, name of subscriber, certificate identification, and group numbers.
- Note:** A photocopy of both sides of the patient's insurance card attached to the requisition is sufficient for the required insurance information.

## Specimen Labeling Requirements

BJH specimen labeling policy establishes a standard for properly labeling laboratory specimens for analysis to ensure positive patient identification and for rejecting laboratory specimens not meeting the labeling standard. All personnel engaged in collecting and submitting specimens for analysis must properly and completely label each specimen with accurate patient information.

Specimens collected from non hospital patients not ordered electronically require that a properly completed requisition accompany the specimen(s) submitted for analysis. Patient identifying information on the requisition must be identical to the identifying information on the specimen container.

Specimens drawn from hospital inpatients and hospital outpatient locations (excluding express testing draw sites) should be labeled with a computer-generated bar-coded label at the point of collection. If a computer-generated label is not available, noncomputer-generated labels must contain all of the following information:

- Patient's full, legal name (first name, middle initial, and last name, spelled correctly)
- Hospital identification number
- Date of birth
- Patient's hospital location
- Date and time of collection
- Collector's signature or initials

- Specimens submitted for Blood Bank testing require the signatures of the person drawing the specimen and a person witnessing the collection and identification process (initials not acceptable)

Specimen containers from all other collection sites must be labeled with the following:

- Patient's full, legal first and last name
- Date of birth
- Date and time of collection

Patients in this category whose specimens are submitted for blood typing, type and screen must be labeled with the following:

- Patient's full, legal first and last name
- Date of birth
- Date and time of collection
- Social Security number
- Full signature of phlebotomist (initials not acceptable)

**Note:** For all transfusion requests (compatibility testing) a second signature of a person witnessing the collection and identification process is required.

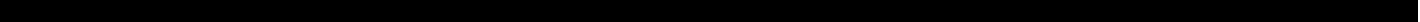
Additionally, tissue specimens must be labeled with the tissue type and location. Microbiology specimens must be labeled with the source or site.

If the laboratory receives an improperly labeled specimen, testing will not be performed.

If it is determined that a specimen has been improperly labeled after analysis has been completed, the test results will be removed from the patient's laboratory report, and a comment will be inserted describing the test results as suspect due to a specimen identification error.

## Specimen Volume

The "Specimen Required" section of each test includes the preferred specimen container to be submitted for testing. When the container is a tube of blood, it is implied that a completely filled tube is preferred. The preferred specimen requirements have been established to optimize testing and allow the laboratory to quickly process specimen containers, present containers to instruments, perform test, and repeat test, if necessary. Many of our testing processes are fully automated;



and as a result, this volume allows hands-free testing and our quickest turnaround time (TAT). Since patient values are frequently abnormal, repeat testing, dilutions, or other specimen manipulations often are required to obtain a reliable, reportable result. Our preferred specimen requirements allow expeditious testing and reporting.

When a venipuncture is technically difficult, or the patient is at risk of complications from blood loss (eg, pediatric or intensive care patients), smaller volumes may be necessary. When patient conditions do not mandate reduced collection volumes, we ask that our clients submit preferred volume to facilitate rapid, cost-effective, reliable test results. Submitting less than preferred volume may negatively impact quality of care by slowing TAT, increasing the hands-on personnel time required to perform test.

Barnes-Jewish Hospital makes every possible effort to successfully test your patient's specimen. If you have concerns about submitting a specimen for testing, please call Barnes-Jewish Laboratory Customer Service at 314-362-1470. Our staff will discuss the test and specimen you have available. While in some cases specimens are obviously inadequate for desired test, in other cases, testing can be performed using alternative techniques.