

# PROTOCOL II

## Subject: Clinical Laboratory Services

**Effective Date: 3/1/00**  
**Revised Date: 10/05, 1/07**

All NHP customers should be directed to LabCorp, Inc. service centers for outpatient laboratory procedures. If a physician draws the specimen in his/her office, the provider will be reimbursed a blood draw fee.

If the physician performs clinical laboratory services in his/her office and bills NHP for such services, the services will be reimbursed at the rate specified in the provider agreement. Reimbursement will be made only for the procedures approved according to the attached lab lists 1 & 2. Procedures noted on list 1 may be performed by any physician in his/her office in accordance with state and federal guidelines. Procedures on list 2 will only be reimbursed if the NHP physician who bills for the service is listed as the specialty type in column one.

Home healthcare agencies will be responsible for “drop off” of drawn specimens at one of the LabCorp, Inc. centers.

Hospital laboratory services associated with the following types of services will be reimbursed according to the hospital agreement:

- Emergency room
- Chemotherapy
- Ambulatory surgery
- Transfusions
- Hemodialysis

Skilled Nursing Facility (SNF) lab drawn at a skilled nursing facility must be processed by LabCorp, Inc.

### **NHP Laboratory Procedure List I**

*May be performed by any NHP physician, regardless of the physician's specialty.*

81000	Urinalysis, non-automated, with microscopy, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity urobilinogen, any number of these constituents, with microscopy non-automated
81001	Urinalysis, automated, with microscopy
81002	Urinalysis, non-automated, without microscopy
81003	Urinalysis, automated, without microscopy
81005	Urinalysis, qualitative or semiquantitative, except immunoassays
81007	Urinalysis, bacteriuria screen, by non-culture technique, commercial kit (specify type)
81015	Urinalysis, microscopic only
81025	Urine pregnancy test
82270	Blood, occult; feces, one-three simultaneous determinations
82947	Glucose quantitative, blood (except reagent strip)
82948	Glucose blood, reagent strip
82962	Glucose blood, one-touch monitor
84703	Gonadotropin, chorionic (hCG); qualitative
85008	Manual blood smear examination without differential parameters
85009	Differential WBC count, buffy coat
85013	Spun microhematocrit
85014	Blood count, other than spun hematocrit
85018	Blood count, hemoglobin

85025	Hemogram and platelet count, automated, and automated complete differential WBC count (CBS).
85610	Prothrombin time
85730	Thromboplastin time, partial (PTT) plasma or whole blood
86308	Heterophile antibodies; screening
86317	Immunoassay for infectious agent antibody, quantitative, not elsewhere specified
86403	Particle agglutination, antibody (rapid strep screen)
86580	Skin test, tuberculosis, intradermal
86585	Tuberculosis, tine test
87070	Culture, bacterial, definitive (throat or nose)
87081	Culture, bacterial, screening only, for single organisms
87084	Culture, presumptive, pathogenic organism, screening only by commercial kit, with colony est. from density chart
87086	Culture, bacteria, urine, quantitative, colony count
87088	Culture, bacterial, urine, commercial kit
87177	Smear, primary source, with interpretation, wet and dry mount, for ova and parasites
87184	Sensitivity study, antibiotic, disk method, per plate (12 or fewer disks)
87205	Smear, primary source, with interpretation, routine stain for bacteria, fungi, or cell types
87210	Smear, primary source, with interpretation, wet mount with simple stain, for bacterial, fungi, ova and/or parasites
89055	Leukocyte Count, Fecal

## Specialty Specific Lab Services Laboratory Procedure List II

*NHP will reimburse only NHP physicians in the specialty noted in column one of specific lab services listed for that specialty.*

<b>SPECIALTY</b>	<b>CODE</b>	<b>DESCRIPTION</b>	
<b>Hematology</b>	85007	Blood smear, microscopic examination with manual differential WBC count	
	85025	Automated CBC/platelet/complete differential	
	85027	Automated hemogram and platelet count	
	85060	Blood smear, peripheral	
	38220	Bone marrow, aspiration only	
	85097	Bone marrow, smear interpretation only, with or without differential cell count	
	38221	Bone marrow biopsy, needle or trocar	
	G0306	Complete CBC, automated (HGB, HCT, RBC, WBC w/o platelet count)	
	G0307	Complete CBC, automated (HGB, HCT, RBC, WBC)	
	<b>Urology/Infertility</b>	<i>Semen Analysis:</i>	
89257		Sperm identification from aspiration (other than seminal fluid)	
89260		Sperm isolation: simple prep (e.g., Sperm Wash and swim-up) for insemination or diagnosis with semen analysis	
89261		Sperm isolation, complex prep	
89300		Presence and/or motility of sperm including Huhner test (post-coital)	
89310		Motility and count	
89320		Complete (volume, count, motility and differential)	
89325		Sperm antibodies	
<b>Rheumatology</b>		89060	Crystal identification by light microscopy with or without polarizing lens analysis, any body fluid (except urine)
		<b>Rheumatology</b>	85651

<b>Infectious Disease</b>	85652	Sedimentation rate automated
<b>OB/Gyn</b>	87110	Chlamydia culture
	89330	Sperm evaluations cervical mucus penetration, with or without Spinnbarkeit test
<b>Gen. Surgery/Radiology/ Endocrinology</b>		<i>Fine needle aspiration with or without preparation of smears:</i>
	10021	Superficial tissue (e.g., thyroid, breast, prostate)
	10022	Deep tissue under radiologic guidance
<b>All Outpatient Facilities</b>	82247	Bilirubin, total (for customers under 30 days old, if LabCorp, Inc. unable to draw)
	82248	Bilirubin, direct (for customers under 30 days old, if LabCorp, Inc. unable to draw)
	82800	Blood gases (ABG) – pH only
	82803	Blood gases (any combination of pH, pCO <sub>2</sub> , pO <sub>2</sub> , CO <sub>2</sub> , HC0 <sub>3</sub> )
	82805	With oxygen saturation, by direct measurement, except pulse oximetry
	82810	Bloodgases, oxygen saturation only
	82820	Hemoglobin – oxygen affinity (pO <sub>2</sub> for 50% saturation with oxygen)
	83850	Antibody screen, RBC, each serum technique
	86860	Antibody elution (RBC), each elution
	86870	Antibody identification. RBC antibodies, each panel for each serum technique
	86900	Blood typing, ABO
	86901	Blood typing (Rh)
	86903	Antigen screening for compatible blood unit using patient serum, per unit screened
	86904	Antigen screening for compatible blood unit using patient serum, per unit screened
	86905	RBC antigens, other than ABO or Rh (D), each
	86906	RH phenotyping complete
	87070	Microbiology, any other source
	89190	Nasal smear for eosinophils
<b>Hematology/Oncology/ Neurology/Pediatrics</b>		<i>Lumbar puncture:</i>
	82947	Glucose, quantitative
	84155	Protein, total, except refractometry
	85007	Blood count, manual differential WBC count
	89050	Cell count, miscellaneous body fluids, except blood
	82948	Glucose; quantitative, blood (except reagent strip)
<b>Cardiology/Cardio-Vascular/ Thoracic Surgery</b>	85610	Pro thrombin time
	85730	Thromboplastin time, partial (PTT); plasma or whole blood
<b>Pediatrics &amp; Family Medicine</b>	82247	Bilirubin, total (for customers under 30 days old)
	82248	Bilirubin, direct (for customers under 30 days old)