



Automated Multi-Channel Tests Pricing - Revised

This article was revised on July 21, 2009 to include additional information in the “Organ or Disease Oriented Panels” chart. The new additions include CPT codes 80050, 80072 and 80090.

A physician may choose to order individual tests or the panel for the 23 automated, multi-channel tests. A mix of panels and individual tests may be ordered. Physicians should review the tests in each panel to avoid ordering duplicate tests. Medicare will not reimburse for duplicate tests.

The following list contains those tests that can be and are frequently done as groups and combinations (profiles) on automated multi-channel equipment.

Automated Tests

Alanine Aminotransferase (ALT, SGPT)	84460
Albumin	82040
Alkaline phosphatase	84075
Aspartate aminotransferase (AST, SGOT)	84450
Bilirubin, direct	82248
Bilirubin, total	82247
Carbon dioxide content	82374
Calcium; ionized	82330
Calcium; total	82310
Chloride	82435
Creatinine	82565
Cholesterol	82465
Glucose (sugar)	82947
Creatine kinase (CK, CPK)	82550
Gamma Glutamyl Transferase (GTT)	82977

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Lactate dehydrogenase (LDH, LD)	83615
Phosphorus	84100
Protein, total	84155
Potassium	84132
Sodium	84295
Triglyceride	84478
Urea Nitrogen (BUN)	84520
Uric Acid	84550

The following are codes that contain a number of different tests billed under one code called organ and disease panels.

Organ or Disease Oriented Panels

80047	Basic metabolic (Calcium, ionized)	(82330, 82374, 82435, 82565, 82947, 84132, 84295, 84520)
80048	Basic Metabolic (Calcium, total)	(82310, 82374, 82435, 82565, 82947, 84132, 84295, 84520)
80050	General Health	(82040, 82247, 82310, 82374, 82435, 82565, 82947, 84075, 84132, 84155, 84295, 84460, 84450, 84520, 85025, 84443)
80051	Electrolyte Panel	(82374, 82435, 84132, 84295)
80053	Comprehensive Metabolic	(82040, 82247, 82310, 82374, 82435, 82565, 82947, 84075, 84132, 84155, 84295, 84460, 84450, 84520)
80061	Lipid	(82465, 83718, 84478)
80069	Renal Function	(82040, 82310, 82374, 82435, 82565, 82947, 84100, 84132, 84295, 84520)
80072	Arthritis	(84550, 85651, 86255, 86430)
80074	Acute Hepatitis	(86709, 86705, 87341, 86803)
80076	Hepatic Function	(82040, 82247, 82248, 84075, 84155, 84460, 84450)

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80090	Torch Antibody	(86644, 86694, 86762, 86777)
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Bolded codes above are considered the "automated tests."

Billing Requirements:

- Providers can bill either a panel code or an individual code.
- Payment for automated tests will be determined by the number of automated tests billed on the same day, by the same provider, for the same beneficiary.
- Non-automated tests will be paid based on the clinical lab fee schedule.
- Pricing of the claim will include services already paid or active claims for services the same day by the same provider for the same beneficiary.
- Duplicate checking will occur within the panels as well as individual codes.
- Each test billed under the panel must be reasonable and necessary.

Source: The Centers for Medicare & Medicaid Web site at:
http://www.cms.hhs.gov/ClinicalLabFeeSched/02_clinlab.asp and Download file
labeled: 09CLAB.ZIP [Text, Excel, CSV Zipped, 840KB]

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