

PROTOCOL II

Subject: Clinical Laboratory Services

Effective Date: 3/1/00

Revised Date: 10/05, 1/07, 9/10

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

87430	Infectious Agent Antigen detection by enzyme immunoassay technique, qualitative or semi quantitative, multiple step method; Streptococcus group A
89055	Leukocyte Count, Fecal
89230	Sweat collection by iontophoresis

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.

SPECIALTY	CODE	DESCRIPTION
Hematology	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
	87430	Infectious Agent Antigen detection by enzyme immunoassay technique, qualitative or semi quantitative, multiple step method; Streptococcus group A
	89230	Sweat collection by iontophoresis
	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)
Urology/Infertility	<i>Semen Analysis:</i>	
	89257	Sperm identification from aspiration (other than seminal fluid)
	89260	Sperm isolation: simple prep (<i>e.g.</i> , 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

Rheumatology

89060 Crystal identification by light microscopy with or without polarizing lens analysis, any body fluid (except urine)

Rheumatology

85651 Sedimentation rate, erythrocyte: non-automated

Infectious Disease

85652 Sedimentation rate automated

OB/Gyn

87110 Chlamydia culture

89330 Sperm evaluations cervical mucus penetration, with or without Spinnbarkeit test

**Gen. Surgery/Radiology/ *Fine needle aspiration with or without preparation of smears:*
Endocrinology**

10021 Superficial tissue (e.g., thyroid, breast, prostate)

10022 Deep tissue under radiologic guidance

All Outpatient Facilities

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, pCO₂, pO₂, CO₂, HC0₃)

82805 With oxygen saturation, by direct measurement, except pulse oximetry

82810 Bloodgases, oxygen saturation only

82820 Hemoglobin – oxygen affinity (pO₂ 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

**Hematology/Oncology/ Lumbar puncture:
Neurology/Pediatrics**

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 regent strip)

**Cardiology/Cardio-Vascular/
Thoracic Surgery**

85610	Pro thrombin time
85730	Thromboplastin time, partial (PTT); plasma or whole blood

Pediatrics & Family Medicine

82247	Bilirubin, total (for customers under 30 days old)
82248	Bilirubin, direct (for customers under 30 days old)