

TO: All Providers
FROM: CareFirst of Maryland, Inc.
DATE: February 14, 2002
SUBJECT: Laboratory Billing of Blood Counts

During recent pre-payment medical review of outpatient services, it has been noted that CPT codes **85007** (Blood count; manual differential white blood cell count, including RBC and platelet estimation) and **85025** (Blood count; hemogram and platelet count automated and automated complete differential white blood cell count) are frequently billed together for the same date of service.

Coverage of both 85007 and 85025 for the same date of service, would be considered reasonable and necessary by Medicare when ordered by a physician for patients with a clear, clinical indication supporting medical necessity, while also conforming to the Maryland Medicare Local Medical Review Policy. The following is an example of inappropriate billing:

"A healthy 65 year old male presents with a chief complaint of "weakness." He defines "weakness" as "a lack of his usual pep" with no other symptoms or signs on physical examination. His doctor orders a CBC with differential, looking for evidence of an occult infection, anemia, or some other hematological abnormality."

Generally, differential WBCs are now automated, but in the absence of this technology, a differential could be done manually. However, billing both 85007 and 85025 would be inappropriate, as there is no clinical justification for obtaining both an automated and manual differential in this instance.

Local Medical Review Policy for Blood Counts, effective April 28, 1997, is clear regarding indications, limitations of coverage, and medical necessity for Blood Count services. Please reference the "Coding Guidelines" section of this LMRP prior to billing to assure compliance with proper coding and reimbursement for medically necessary services. It is essential that facility clinicians and coders work collaboratively to reflect both appropriate diagnoses and procedural coding of services rendered.

Future data analysis of Blood Count services submitted to the Intermediary will be evaluated to establish pre-payment complex medical review parameters to determine provider compliance with established Local Medical Review Policy.

CareFirst of Maryland, Inc. Medicare Local Medical Review Policies (LMRP's) and updates are available online at: www.marylandmedicare.com and www.lmrp.net.

THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. BULLETINS ISSUED AFTER OCTOBER 1, 1999 ARE AVAILABLE AT NO COST FROM OUR WEBSITE AT : www.marylandmedicare.com .

Clarifications or questions regarding this bulletin may be directed to Diane Baker, Medical Review Department, at 410-561-4032.