

# THE PATHOLOGY CENTER NEWSLETTER

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## WHO BILLS MEDICARE PART A?

The consolidated billing provisions for skilled nursing facilities (SNFs) under the Balanced Budget Act of 1997 (section 4432) requires SNFs to bill Medicare directly for resident services covered under Part A. The Prospective Payment System (PPS) for Medicare Part A is based on per diem rates for the patient's classification and is paid to the SNF as a bundled payment for ancillary services.

The SNF Part A billing is effective for beneficiaries for a total of 100 days of skilled care as hospital in-patients or in a Medicare-covered skilled nursing facility for a designated illness. Swing beds, intermediate care facilities and non-Medicare SNFs are not covered by this provision.

The laboratory that performs tests on the Part A SNF resident must bill the SNF and the SNF will bill Medicare under the PPS. The SNF in turn reimburses the laboratory for

*Continued on page 2*

## INSURANCE PLANS/CARDS

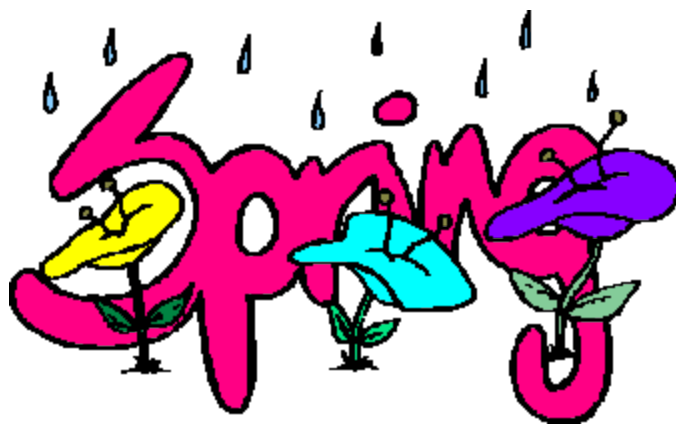
The ongoing changes in the restructuring of insurance companies and provider networks have made it increasingly difficult to file claims without information from the insurance cards. Therefore, we ask that you attach a legible copy (both front and back) of the patient insurance card to the requisition. Along with a diagnosis code(s), current patient address and employer information, copying the insurance card will help provide your patients with timely claims and payments.

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Have you misplaced a copy of past Pathology Center Newsletters, Technical Bulletins or Microbiology Briefs? You can find them quickly on our website [www.thepathologycenter.org](http://www.thepathologycenter.org).

### INSIDE THIS ISSUE

- 1 Who Bills Medicare?
- 1 Insurance Plans/Cards
- 2 Leukocyte Alkaline Phosphatase



## Who Bills Medicare?

services. Therefore, it is critical that the laboratory receives the correct billing information from the SNF. If The Pathology Center patient bills for your facility, please ensure you are sending us the correct information on SNF Part A patients. We have special stickers available to attach to the requisitions to alert our billing clerks of Part A coverage. Without the Part A stickers we could inappropriately bill Medicare Part B. Please call our Client Services department to request stickers. If The Pathology Center routinely client bills you for laboratory services, you should ensure there is a mechanism in your facility to bill the SNF for Part A services.

For additional information on the SNF consolidated billing provisions, go to the website <http://cms.hhs.gov/providers/snfpps>.\*\*

We will no longer automatically call **Group B Strep** cultures. Please note on the requisition if you would like to have a result called to your office.\*\*



## LEUKOCYTE ALKALINE PHOSPHATASE (LAP)

Leukocyte Alkaline Phosphatase is an enzyme present in the cytoplasm of myeloid cells. The LAP score can be helpful in patients with neutrophilia in which the differential diagnosis includes a leukemoid reaction and chronic myelogenous leukemia (CML). The LAP is increased in patients with a leukemoid reaction or other reactive process and decreased in CML. Decreased LAP scores may also be seen in the myelodysplastic syndrome and paroxysmal nocturnal hemoglobinuria.

Effective March 1, 2003 The Pathology Center will no longer perform the LAP in-house. The LAP test will be sent to ARUP. The specimen requirements are: One 5 ml (minimum 3 ml) whole blood, green top tube (sodium heparin). Send whole blood specimen **AND** 6 unfixed peripheral blood smears at room temperature. **Send Monday through Thursday only.** The reference interval is:

Female: 33 – 149

Male: 22 - 124

Please send each frozen test in a separate plastic vial with a screw top lid. Because tests are not always tested on the same day or at the same location, multiple frozen tests can not be performed from the same tube.\*\*



