
Pathology: Organ or Disease-Oriented Panels

Page updated: August 2020

This section contains information to assist providers in billing for pathology procedures related to organ and disease-oriented panel services.

Automated Chemistry Tests and Organ or Disease-Oriented Panels

To bill two or more automated chemistry tests, use either the organ or disease-oriented panel codes or individual component CPT® codes. The billing of a panel code certifies that all of the component tests as defined in the CPT code book were performed. If there is no CPT-defined panel that exactly matches the component tests ordered, the test should be billed using the individual component tests performed. To avoid duplicate reimbursement, if an organ or disease-oriented panel has been previously reimbursed, any duplicate automated components of that panel and/or duplicate individual automated chemistry tests will not be reimbursed to the same provider, for the same recipient and date of service.

Automated chemistry tests and the components of panel codes will be maintained in history for comparison with claims involving other automated tests or panels received from the same provider, for the same recipient and date of service.

Pricing Automated Chemistry Tests

Reimbursement for automated chemistry tests (whether billed as panel codes 80048, 80051, 80053, 80069 and 80076 or individual tests by the same provider, for the same recipient and date of service) may vary, depending upon:

- The order in which chemistry tests or panels are processed.
- The number of individual chemistry tests or panels billed.
- The specific chemistry tests or panels billed.

Prorated and Zero Payments

The *Remittance Advice Details* (RAD) will reflect the actual procedure code billed to Medi-Cal. However, the reimbursement amount for each processed code on the RAD may not be the fee-scheduled price because the new pricing policy prorates the value of each automated chemistry test. Since component codes will be maintained in history and prorated to determine total payment, zero payments may sometimes result.

Pricing Example

The pricing example in *Figure 1* illustrates prorated reimbursement amounts and a zero payment for automated chemistry tests billed as a panel and as individual tests. The example applies to tests billed by the same provider, for the same recipient and date of service.

Note: The billing amounts in the example may have been accurate in the past but are no longer maintained. Providers should check the Medi-Cal Rates page on the Medi-Cal Provider website for correct amounts to bill.

A panel (80076) is processed for the «Medi-Cal allowed amount (see amount in the “Medi-Cal Allowed Amount” column)» because there is no previous history. Before the second test (82465) is paid, the previously reimbursed panel is recalled from history and the price for eight bundled tests «(shown as \$9.46 under the “Codes Bundled for Payment” column)» is applied. Since «the Medi-Cal allowed amount (shown as \$9.14)» has already been paid, the difference (\$0.32) will be reimbursed. The third test overlaps a test in the first panel; therefore, a zero payment is applied.

Figure 1. Prorated Reimbursable Amounts and Zero Payment Example for Panel and Separate Tests

«This is a sample only. Please adapt to your billing situation.»

Procedures	Code	Medi-Cal Allowed Amount	Payment History of Claim for Same Date of Service	Overlapping Component(s)	Codes Bundled for Payment	Reimbursable Amount	Sum Total Reimbursed
Hepatic Panel 80076 = 82040, 82247, 82248, 84075, 84155, 84450, 84460	80076 (Panel of 7 tests)	\$9.14	None	No	Yes (\$9.14) 80076	\$9.14	\$9.14
Automated Chemistry Component	82465	\$4.03	80076 = 82040, 82247, 82248, 84155, 84450, 84460	No	Yes Panel of 8 tests (\$9.46)	\$0.32 (\$9.46 - \$9.14) 82465 thru 80076	\$9.46 (\$9.14 + \$0.32) 80076 + 82465
Automated Chemistry Component	84460	\$5.86	80076 = 82040, 82247, 82248, 84075, 84155, 84450, 84460, 82465	Yes	Yes Panel of 8 tests (84460 is on overlapping component of 80076) (\$9.46)	\$0.00	\$9.46

Automated Chemistry Tests

The following automated chemistry component tests may be billed individually. The asterisked (*) tests are not a component of an organ/disease panel.

CPT Code	Description
82040	Albumin; serum
82247	Bilirubin; total
82248	Bilirubin; direct
82310	Calcium; total
82374	Carbon dioxide (bicarbonate)
82435	Chloride; blood
82465	Cholesterol, serum, total
* 82550	Creatine kinase (CK), (CPK); total
82565	Creatinine; blood
82947	Glucose; quantitative
* 82977	Glutamyltransferase, gamma (GGT)
* 83615	Lactate dehydrogenase (LD), (LDH)
84075	Phosphatase, alkaline
* 84100	Phosphorus inorganic (phosphate)
84132	Potassium, serum
84155	Protein, total, except by refractometry; serum
84295	Sodium; serum
84450	Transferase; aspartate amino (AST) (SGOT)
84460	Transferase; alanine amino (ALT) (SGPT)
84478	Triglycerides
84520	Urea nitrogen; quantitative
84550	Uric acid; blood

Billing Tests Separately

Individual clinical chemistry tests may be billed separately when both of the following conditions are met:

- The physician ordering the tests justifies and certifies that individual tests and prompt reporting are required for urgent medical reasons
- A statement indicating the above appears on the claim

Albumin, Globulin and Total Protein

Albumin, globulin and total protein must be billed as two separate tests rather than three tests.

Multiple Organ or Disease-Oriented Panel Testing

Components of panel codes and individual automated chemistry tests will be maintained in history for comparison with claims involving other automated tests or panels received from the same provider, for the same recipient and date of service. Overlapping components and/or duplicate panels will be zero paid if billed by the same provider, for the same recipient and date of service.

General Health Panel

The general health panel (code 80050) is not a Medi-Cal benefit. Providers may bill its component tests to receive reimbursement at the maximum allowable established for code 80050. The components of this panel can be grouped using one of the following methods:

CPT Code	Description
80053	Comprehensive metabolic panel
84443	Thyroid stimulating hormone
85025 or 85027 and 85004	Blood count, complete (CBC), Automated and automated complete differential WBC count

Or

CPT Code	Description
80053	Comprehensive metabolic panel
84443	Thyroid stimulating hormone
85027 and 85007 or 85009	Blood count, complete (CBC), Automated and appropriate manual differential WBC count

Or

82040, 82247, 82310, 82374, 82435, 82565, 82947, 84075, 84132, 84155, 84295, 84443, 84450, 84460, 84520 and 85025

Hepatic Function Panel

The hepatic function panel (code 80076) includes the following component tests:

CPT Code	Description
82040	Albumin; serum
82247	Bilirubin; total
82248	Bilirubin; direct
84075	Phosphatase, alkaline
84155	Protein, total, except by refractometry; serum
84450	Transferase, aspartate amino (AST) (SGOT)
84460	Transferase, alanine amino (ALT) (SGPT)

Note: If both codes 80076 (hepatic function panel) and 80053 (comprehensive metabolic panel) are billed by the same provider for the same recipient and date of service, reimbursement will not exceed payment for the comprehensive metabolic panel.

Acute Hepatitis Panel

The acute hepatitis panel (code 80074) includes the following component tests:

CPT Code	Description
86705	Hepatitis B core antibody (HBcAb); IgM antibody
86709	Hepatitis A antibody (HAAb); IgM antibody
86803	Hepatitis C antibody
87340	Hepatitis B surface antigen (HbsAg)

Obstetric Panel

Obstetric panel testing (CPT code 80055) includes the following component tests:

CPT Code	Description
80081	Obstetric panel (includes HIV testing)
86592	Syphilis test, qualitative (e.g., VDRL, RPR, ART)
86762	Antibody, rubella
86850	Antibody screen, RBC, each serum technique
86900	Blood typing, serologic; ABO
86901	Blood typing, serologic; ABO, Rh(D)
87340	Hepatitis B surface antigen (HBsAg)

And one of the following:

CPT Code	Description
85025 or 85027 and 85504	Blood count, complete (CBC), Automated and automated complete differential WBC count

Or

CPT Code	Description
85027 and 85007 or 85009	Blood count, complete (CBC), Automated and appropriate manual differential WBC count

For information on obstetric panel testing frequency restrictions, please see *Pregnancy: Early Care and Diagnostic Services*.

Basic Metabolic Panel

The basic metabolic panel (80048) includes the following eight chemistry component tests:

CPT Code	Description
82310	Calcium; total
82374	Carbon dioxide (bicarbonate)
82435	Chloride; blood
82565	Creatinine; blood
82947	Glucose; quantitative blood
84132	Potassium; serum
84295	Sodium; serum
84520	Urea nitrogen; quantitative

Comprehensive Metabolic Panel

The comprehensive metabolic panel (80053) includes the following 14 chemistry component test:

CPT Code	Description
82040	Albumin; serum
82247	Bilirubin, total
82310	Calcium; total
82374	Carbon dioxide (bicarbonate)
82435	Chloride; blood
82565	Creatinine; blood
82947	Glucose; quantitative
84075	Phosphatase, alkaline
84132	Potassium; serum
84155	Protein, total, except by refractometry; serum
84295	Sodium; serum
84450	Transferase, aspartate amino (AST) (SGOT)
84460	Transferase, alanine amino (ALT) (SGPT)
84520	Urea nitrogen; quantitative

Note: If both codes 80048 (basic metabolic panel) and 80053 (comprehensive metabolic panel) are billed by the same provider for the same recipient and date of service, reimbursement will not exceed payment for the comprehensive metabolic panel.

Renal Function Panel

The renal function panel (80069) includes the following 10 chemistry component tests:

CPT Code	Description
82040	Albumin
82310	Calcium; total
82374	Carbon dioxide (bicarbonate)
82435	Chloride; blood
82565	Creatinine; blood
82947	Glucose; quantitative
84100	Phosphorus inorganic (phosphate)
84132	Potassium; serum
84295	Sodium; serum
84520	Urea nitrogen; quantitative

Lipid Panel Test (CPT Code 80061)

CPT codes 80061 (lipid panel test) and 83721 (LDL cholesterol test) may not both be reimbursed for the same date of service, for the same recipient, and by the same provider unless the triglyceride level of the recipient is 400 mg/dl or greater.

This triglyceride level value must be entered in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim form. In addition, both CPT codes must be billed on the same claim form in order for providers to receive reimbursement for codes 80061 and 83721 on the same date of service. If the triglyceride level of the recipient is less than 400 mg/dl and both CPT codes 80061 and 83721 are billed on the same date of service, for the same recipient, and by the same provider, the claim will be subject to a combination audit that will cut back the reimbursement so as only code 80061 is reimbursed.

Hepatitis B Screening

HCPCS code G0499 (hepatitis B screening in non-pregnant, high-risk individual includes hepatitis B surface antigen [HBsAg] followed by a neutralizing confirmatory test for initially reactive results, and antibodies to HBsAg [anti-HBs] and hepatitis B core antigen [anti-HBc]) is reimbursable once per year, per recipient, for any provider.

Hepatitis C High-Risk Screening

HCPCS code G0472 (hepatitis C antibody screening, for individual at high risk and other covered indication[s]) is reimbursable for the screening of adults for hepatitis C (HCV) infection and may be billed with any ICD-10-CM code.

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	Tests are not a component of an organ/disease panel.