

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**REVIEW OF
WASHINGTON STATE
MEDICAID LABORATORY SERVICES**



**JUNE GIBBS BROWN
Inspector General**

**MARCH 1996
CIN: A-10-95-00002**



Region IX
Office of Audit Services
50 United Nations Plaza
Room 171
San Francisco, CA 94102

March 6, 1996
CIN: A- 1 O-95-00002

Mr. Lyle Quasim, Secretary
State of Washington
Department of Social and Health Services
P.O. Box 45010
Olympia, WA 98504-5010

Dear Mr. Quasim:

This report presents the results of our review of Washington State Department of Social and Health Services (State agency) payments for clinical laboratory services provided to Medicaid beneficiaries. Our review pertained to Medicaid payments for specific tests and procedures which, when performed concurrently, are to be combined and billed as a single service. This process is usually referred to as bundling.

OBJECTIVE

The objective of our review was to evaluate State agency procedures and controls over the processing of Medicaid payments to providers for clinical laboratory services to prevent overpayments for unbundled or duplicate billings. Our review included services involving chemistry, hematology, and urinalysis tests paid by the State agency during Calendar Years (CYs) 1993 and 1994.

SUMMARY OF FINDINGS

We found that, in the areas included in the scope of our review, the State agency generally had adequate procedures and controls over the processing of Medicaid payments for clinical laboratory services. For most of the services selected for review, numerous edits were in place to detect provider billings to Medicaid for laboratory services which were not properly bundled or which were duplicated. However, edits were not in place for a few of the tests and needed to be established.

For some of the services selected for review, we identified a significant number of instances with indications of unbundled or duplicate billings for laboratory services. Each instance involved billings for multiple services:

- ▶ given to the same beneficiary,
- ▶ rendered on the same day, and
- ▶ billed by the same laboratory or other provider.

From the total instances identified, we selected a random sample of 150 and found that 81 contained overpayments. By projecting the results of our sample, we estimate that the State agency overpaid providers \$716,445 (Federal share \$372,337) for chemistry, hematology and urinalysis tests for CYs 1993 and 1994.

Our review showed a need for additional edits to detect the following:

- ▶ Unbundling of billings for two chemistry *tests* from chemistry *panels*,
- ▶ Billings for hematology *indices* which duplicated services included in hematology *profiles*, and
- ▶ Unbundling of billings for *individual* urinalysis tests and microscopy examinations from the *combined* urinalysis with microscopy service, and duplicating the *individual* tests with the *combined* service.

If the State agency were to implement additional edits to detect instances of unbundled or duplicate billings as described above, we estimate that \$1.8 million in Federal and State funds could be saved over a j-year period for the Medicaid program. Therefore, we are recommending that the State agency (1) implement additional edits to detect and prevent payments for unbundled or duplicate laboratory services, (2) notify providers of proper billing procedures for the services identified in our audit, (3) consider recovering Medicaid overpayments from clinical laboratories for chemistry, hematology, and urinalysis services included in this review, and (4) make adjustments for the Federal share of amounts recovered, if any, on the Quarterly Report of Expenditures submitted to the Health Care Financing Administration (HCFA).

In the response to our draft report, the State agency generally concurred with our recommendations. The State agency comments have been summarized in the Detailed Results of Review section, and a copy of the response, dated November 9, 1995, is presented in Attachment A.

BACKGROUND

Medicaid, authorized under Title XIX of the Social Security Act, was established to pay for the cost of necessary medical services for eligible persons whose income and resources were insufficient to pay for their health care. Within broad Federal guidelines, States design and administer the Medicaid program under the general oversight of HCFA. The Department of Social and Health Services (State agency) is responsible for administering the Medicaid program in Washington State.

The State agency elected to participate in the HCFA Medicaid Statistical Information System (MSIS). States that participate in the MSIS provide two computer files - an eligibility file and a paid claims file - to HCFA on a quarterly basis. The eligibility file contains specified data for persons covered by Medicaid and the paid claims file contains adjudicated claims for medical services provided under Title XIX.

The HCFA State Medicaid Manual, section 6300, provides that Federal matching funds are available only to the extent that the payments by the State for outpatient clinical laboratory tests are allowable under the Medicare program. Under Medicare, the services are reimbursed at the lower of a fee schedule amount or the actual charge.

Clinical laboratory services include, among other services, chemistry, hematology and urinalysis tests. Laboratory tests are performed on a patient's specimen to help physicians diagnose and treat ailments. The testing may be performed in a physician's office, a hospital laboratory, or by an independent laboratory.

Providers use the Physicians' Current Procedural Terminology (CPT) codes, published by the American Medical Association, to identify services performed. Each procedure or service is assigned a five-digit code. The CPT codes provide a uniform language to allow effective identification and billing of services rendered by a provider.

Chemistry tests involve the measurement of various chemical levels in the blood. Chemistry tests frequently performed on automated equipment are grouped together and reimbursed at a panel rate. Chemistry tests are also combined under problem-oriented classifications, referred to as organ panels. Organ panels were developed for CPT coding purposes and are to be used when all of the component tests are performed. Many of the component tests of organ panels are also chemistry panel tests.

Hematology tests are performed to count and measure blood cells and their content. Hematology tests that are grouped and performed on an automated basis are classified as profiles. Automated profiles include hematology component tests such as hematocrit, hemoglobin, red and white blood cell counts, platelet count, differential white blood cell counts and a number of additional indices. Indices are measurements and ratios calculated

from the results of hematology tests. Examples of indices are red blood cell width, red blood cell volume and platelet volume.

Urinalysis involves physical, chemical or microscopic analysis or examination of urine in order to measure certain components of the sample. A urinalysis may be ordered by the physician as a complete test which includes a microscopy, a urinalysis without microscopy, or the microscopy only.

SCOPE

Our review was conducted in accordance with generally accepted government auditing standards. The objective of our review was to evaluate State agency procedures and controls over the processing of Medicaid payments to providers for clinical laboratory services to prevent overpayments for unbundled or duplicate billings. Our review included services involving chemistry, hematology, and urinalysis tests paid by the State agency during CYs 1993 and 1994.

To accomplish our objective, we:

- ▶ Reviewed State agency policies and procedures for processing Medicaid claims from providers for clinical laboratory services.
- ▶ Extracted, from HCFA's MSIS paid claims files for CYs 1993 and 1994, payments totaling approximately \$10.8 million for chemistry, hematology, and urinalysis tests. Of this amount, \$2.3 million represented instances involving claims that contained more than one panel or a panel and individual tests for the same beneficiary on the same date of service by the same provider. *This universe represented possible unbundled or duplicate billings.*
- ▶ Tested the reliability of the computer-generated information extracted from the MSIS by comparing the data to source documents for our sampled items. We did not, however, assess the completeness of data in HCFA's MSIS files nor did we evaluate the adequacy of the input controls.
- ▶ Selected a stratified random sample of 150 instances from the universe of possible unbundled or duplicate billings for laboratory services as follows:

<u>Strata</u>	<u>Sample S i z e</u>	<u>Universe Size</u>	<u>Universe Value</u>
Chemistry	50	70,556	\$0.9 million
Hematology	50	139,720	\$1.2 million
Urinalysis	50	48,981	\$0.2 million

The MSIS payment amounts are estimates; the State agency reports an allocation of the total costs of the claim for each service included on that claim. We used the MSIS monetary information only to establish an initial estimate of the magnitude of possible unbundled and duplicate billings reimbursed by the State agency. The MSIS estimates were considered adequate for this purpose. In calculating our projections, we used the actual amounts paid by the State agency for each service reviewed.

- ▶ Reviewed supporting documentation from the State agency for each of the instances included in our random sample to determine the propriety of the payments.
- ▶ Used a variable sample appraisal methodology to estimate the overpayment amounts for chemistry, hematology and urinalysis tests.

See Attachment B to this report for a more detailed discussion of our sample methodology.

Our review of internal controls was limited to an evaluation of that part of the claims processing function that related to the processing of claims for clinical laboratory services. Specifically, we reviewed State agency (1) policies and procedures, (2) instructions to providers, and (3) other documentation relating to manual and automated edits to detect unbundled and duplicate billings for chemistry, hematology, and urinalysis tests.

We performed our review between April and September 1995. During our review, we visited the State agency offices in Olympia, Washington, and discussed the results of our review with State agency officials.

DETAILED RESULTS OF REVIEW

Our review disclosed that, for the clinical laboratory services included in our audit, the State agency generally had adequate procedures for detection of unbundled and duplicate Medicaid billings. The State agency had edits in place to identify such improper billings and prevent overpayments for most of the services selected for review. However, edits were not in place for a few of the tests and needed to be established.

For some of the services selected for review, we identified a significant number of instances with indications of unbundled or duplicate billings for laboratory services. We defined an instance as a situation involving multiple services for the same beneficiary on the same day from the same laboratory or other providers. Of the instances identified, we selected a random sample of 150 and found that 81 contained overpayments. By projecting the results

of our sample, we estimate that the State agency overpaid providers \$7 16,445 (Federal share \$372,337¹) for chemistry, hematology and urinalysis tests for CYs 1993 and 1994.

<u>Strata</u>	<u>Items Tested</u>	<u>Examined Value</u>	<u>Number of Items Overpaid</u>	<u>Over-Payment Estimate</u>	<u>Federal Share</u>
Chemistry	50	\$ 746	20	\$186,240	\$ 96,789
Hematology	50	586	36	474,573	246,636
Urinalysis	50	272	25	55,632	28,912
Totals	150	\$1,604	81	\$716,445	\$372,337

At the 90 percent confidence level, the precision of this estimate is plus or minus 14.6 percent. This means that, at the 90 percent confidence level, we estimate that the total overpayment amount is between \$611,823 and \$821,068 with the most likely amount being \$716,445 as indicated above.

Our review showed a need for additional edits to detect the following:

- Unbundling of billings for two chemistry tests from chemistry *panels*,
- ▶ Billings for hematology *indices* which duplicated services included in hematology *profiles*, and
- Unbundling of billings for *individual* urinalysis tests and microscopy examinations from the *combined* urinalysis with microscopy service, and duplicating the *individual* tests with the *combined* service.

If the State agency were to implement additional edits to detect instances of unbundled or duplicate billings as described above, we estimate that \$1.8 million in Federal and State funds could be saved over a 5-year period for the Medicaid program. At the Fiscal Year 1995 FFP rate of 51.97 percent, the Federal share of the savings would be \$0.9 million.

CHEMISTRY TESTS

Our review of 50 instances involving chemistry tests disclosed that 20 contained overpayments. Based on the results of our statistical sample, we estimate that the State agency overpaid providers \$186,240 (Federal share \$96,789) for unbundled chemistry panel tests.

¹ During the 2-year audit period, there were three different Federal Financial Participation (FFP) rates ranging from 51.97 percent to 55.02 percent. For ease of presentation, we estimated the Federal share for the entire period using the lowest FFP rate of 51.97 percent. Use of the actual FFP rates would have required calculations for three separate time periods for each of the three strata included in the sample.

Federal regulations require that claims for laboratory services be bundled and that payments be made at the lesser amount when chemistry tests are available as part of an automated panel test and such panel tests are frequently performed. The limitation that payment for individual chemistry tests not exceed the payment allowance for the panel is applicable regardless of whether a particular laboratory has or does not have the automated equipment needed for such tests.

We found that the State agency did not have edits to detect instances where providers did not properly combine chemistry tests assigned CPT codes 82977 and 84478 with the chemistry panels. At the time of our audit, the State agency was researching the appropriateness of including edits to detect unbundling of these CPT codes.

HEMATOLOGY PROFILES

Our review of 50 instances involving hematology profiles disclosed that 36 contained duplicate billings. Based on the results of our statistical sample, we estimate that the State agency overpaid providers \$474,573 (Federal share \$246,636) for indices which were billed separately from hematology profiles.

Hematology tests are performed and billed in groups or combinations of tests known as profiles. Hematology indices are calculations and ratios determined from the results of hematology tests. Since hematology indices are calculated along with the performance of each hematology profile, a separate billing for hematology indices results in a duplicate billing.

We noted that the State agency did not have edits to detect instances where providers separately billed indices assigned CPT codes 85029 and 85030 with a profile code.

URINALYSIS

Our review of 50 instances involving urinalysis tests disclosed that 25 contained overpayments for urinalysis tests which were unbundled or duplicated for payment purposes. Based on the results of our statistical sample, we estimate that the State agency overpaid providers \$55,632 (Federal share \$28,912) for unbundled or duplicated urinalysis tests,

A complete urinalysis includes testing for components and a microscopic examination; however, providers can perform and bill different levels of urinalysis testing. They can perform a (1) urinalysis without microscopic examination (CPT codes 81002 and 81003), (2) microscopic examination only (CPT code 81015), or (3) urinalysis with microscopic examination (CPT code 81000). Federal regulations state that if both CPT codes 81002 and 81015 are billed, payment should be as though the combined service, CPT code 81000, had

been billed. Based on the test performed and billed, unbundling or duplication of billing can occur among these tests.

We found that the State agency did not have edits to detect instances where providers:

- Unbundled costs by not properly combining urinalysis tests (CPT codes 8 1002 and 8 1003) with the microscopy examination only (CPT code 8 1015) and billed as a combined service (CPT code 81000), or
- ▶ Duplicated charges by separately billing for either the urinalysis tests (CPT codes 8 1002 and 8 1003) or microscopy examination (CPT code 8 1015) with the combined service (CPT code 81000).

RECOMMENDATIONS

We recommend that the State agency:

- (1) Implement additional edits to detect and prevent payments for the following:
 - ▶ unbundling of billings for chemistry tests assigned CPT codes 82977 and 84478 from the chemistry panels,
 - ▶ duplicating of billings for hematology indices assigned CPT codes 85029 and 85030 which were included in hematology profiles, and
 - ▶ unbundling of billings for individual urinalysis (CPT codes 8 1002 and 81003) and urinalysis microscopy examination (CPT code 8 10 15) from the combined urinalysis with microscopy service (CPT code 81000), and duplicating the individual tests with the combined service.
- (2) Notify providers of the proper billing procedures for the services discussed in Recommendation (1).
- (3) Consider recovering Medicaid overpayments from clinical laboratories for services included in this review, and
- (4) Make adjustments for the Federal share of amounts recovered, if any, on the Quarterly Report of Expenditures submitted to HCFA.

STATE AGENCY COMMENTS

The State Agency generally concurred with our recommendations, and stated that the agency would (i) evaluate the recommended changes for inclusion in its criteria and, if appropriate, adopt them; (ii) notify providers of any changes in laboratory billing procedures; (iii) consider retroactive recovery based on any changes that are adopted; and (iv) make adjustments on the Quarterly Report of Expenditures for the Federal share of any amounts recovered.

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In accordance with the principles of the Freedom of Information Act (Public Law 90-23), Office of Inspector General, Office of Audit Services reports issued to the Department's grantees and contractors are made available, if requested, to members of the press and general public to the extent information contained therein is not subject to exemptions in the Act which the Department chooses to exercise. (See 45 CFR Part 5.)

Final determination as to actions taken on all matters reported will be made by the HHS action official named below. We request that you respond to the HHS action official within 30 days from the date of this letter. Your response should present any comments or additional information that you believe may have a bearing on the final determination. To facilitate identification, please refer to the Common Identification Number A-10-95-00002 in all correspondence relating to this report.

Sincerely,



Lawrence Frelot
Regional Inspector General
for Audit Services

Attachments

Direct Reply to HHS Action Official:
Deputy Regional Administrator
Health Care Financing Administration, Region X
U.S. Department of Health and Human Services
2201 Sixth Avenue, M/S RX-40
Seattle, Washington 98121

ATTACHMENTS



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

November 9, 1995

Mr. Lawrence Frelot
DEPARTMENT OF HEALTH & HUMAN SERVICES
Region IX - Office of Inspector General
50 United Nations Plaza - Room 171
San Francisco, California 94102

Dear Mr. Frelot:

Thank you for the opportunity to review and comment on the draft audit report titled "Review of Washington State Medicaid Laboratory Services".

The objective of the review was to evaluate procedures and controls related to unbundling of laboratory services. The review found that, in most cases, numerous edits already in place in the processing system provided adequate controls. However, the review recommended that additional edits be established for seven CPT codes. The review recommendations were that the agency should:

(1) Implement additional edits to detect and prevent payments for the following:

- ♦ unbundling of billings for chemistry tests assigned CPT codes 82977 and 84478 from the chemistry panels,
- ♦ duplicating of billings for hematology indices assigned CPT codes 85029 and 85030 which were included in hematology profiles, and
- ♦ unbundling of billings for individual urinalysis and urinalysis microscopy examination from the combined urinalysis with microscopy service (CPT code 81000);

(2) Notify providers of changes in billing instructions;

(3) Consider recovering overpayments from laboratories for these services; and

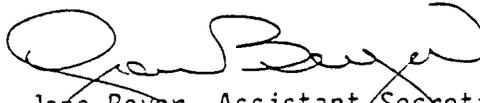
(4) Make adjustments for the federal share of amounts recovered, if any.

Lawrence Frelot
November 9, 1995
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As indicated at the exit conference, Washington's criteria for controlling unbundling of laboratory services was developed in conjunction with laboratory regulators in this state and in the absence of any nationally recognized or promulgated guidelines. We will evaluate the recommended changes for inclusion in our criteria and adopt them in the absence of any new information. Since laboratory providers operated in good faith utilizing the instructions provided by the state, we will consider retroactive recovery based on the changes that we adopt. However, we may decide not to make such recoveries. In the event that any recoveries are performed, the federal share will be adjusted on the Quarterly Report of Expenditures. Providers will be notified of any changes made in laboratory billing procedures.

If you have any questions or require any other information concerning this response please contact Bob Hamilton at (360) 586-0172.

Sincerely,



Jane Beyer, Assistant Secretary
Medical Assistance Administration

cc: Jean Soliz, Secretary - DSHS

SAMPLE METHODOLOGY

From the HCFA Medicaid Statistical Information System (MSIS) paid claims file for CYs 1993 and 1994, we used computer applications to extract all claims containing:

- ▶ Automated multichannel chemistry panel tests for chemistry procedure codes listed in the Physicians' CPT handbook.
- ▶ Hematology profiles and component tests normally included as part of a hematology profile for hematology procedure codes listed in the CPT handbook.
- ▶ Urinalysis tests and component tests listed in the CPT handbook.

See Attachment C for a listing of the CPT codes included in our review.

The above file extract yielded a total of approximately \$10.8 million in payments for chemistry, hematology, and urinalysis tests in CYs 1993 and 1994. This total consisted of:

- ▶ Chemistry tests - 365,440 records totaling approximately \$4.0 million,
- ▶ Hematology tests - 377,847 records totaling approximately \$1.9 million, and
- ▶ Urinalysis tests - 680,007 records totaling approximately \$4.9 million.

We then performed computer applications to extract all records for the same individual on the same date of service by the same provider with HCFA's Common Procedure Coding System (HCPCS) line-item charges for:

- More than one different chemistry panel; a chemistry panel and at least one individual panel test; or two or more panel tests.
- More than one automated hematology profile under different profile codes; more than one unit of the same profile; a component normally included as part of a profile in addition to the profile; or hematology indices and a profile.
- ▶ More than one of the following tests - A complete urinalysis with microscopy; a urinalysis without microscopy; or a microscopic only.

The extract resulted in a sample population for the State agency consisting of three strata.

<u>Strata</u>	<u>Instances</u>	<u>Payments</u>
Chemistry	70,556	\$0.9 million
Hematology	139,720	1.2 million
Urinalysis	<u>48,981</u>	<u>0.2 million</u>
Totals	<u>259,257</u>	<u>\$2.3 million</u>

Each instance is a potential payment error in which the State agency paid providers for clinical laboratory tests (on behalf of the same beneficiary on the same date of service) which were billed individually instead of as part of a group, or were duplicative of each other.

During our review, we found that the amounts included in the MSIS are not reliable amounts when reviewed on a line-item basis. The State agency does not provide the actual amount allowed for each claim by line item to the MSIS. Instead, a pro rata share of the total claim paid by the State agency is distributed to each line within a claim in order to fairly distribute third-party recoveries.

The pro rata share is calculated using each line item's submitted costs rather than the actual amount paid. The submitted costs for each line item are divided by the total submitted costs to determine the line item's percentage of the total submitted costs. This percentage is multiplied by the total amount paid for the claim by the State agency to arrive at the amount reported in MSIS.

We used the MSIS monetary information only to establish an initial estimate of the magnitude of possible unbundled and duplicate billings reimbursed by the State agency. The MSIS estimates were considered adequate for this purpose. In making our projections, we used the actual amounts paid by the State agency for each service reviewed.

The stratified random sample consisted of the following:

<u>Strata</u>	<u>Sample Size</u>	<u>Sample Value</u>
Chemistry	50	\$ 746
Hematology	50	586
Urinalysis	<u>50</u>	<u>272</u>
Totals	<u>150</u>	<u>\$1,604</u>

For the sample items, we reviewed supporting documentation from the State agency consisting of copies of physician, hospital or independent laboratory claims, electronic paid claims details for claims submitted electronically, explanations of benefits paid, and related paid claims histories.

We used a stratified variable appraisal to estimate overpayments for unbundled chemistry panel tests, duplicate hematology profile tests, and unbundled and duplicate urinalysis tests as shown in the following schedule.

Strat Number of Items		Items Tested	Examined Value	Number of Items Overpaid	Precision Estimate at 90%	Estimated Over-payment
Chemistry Tests	70,556	50	\$746	20	35.17%	\$186,240
Hematology Tests	139,720	50	\$586	36	17.34%	\$474,573
Urinalysis Tests	48,981	50	\$272	25	31.43%	\$ 55,632
Totals	259,257	150	\$1,604	81	14.60%	\$716,445

For chemistry tests, our review disclosed that 20 of 50 instances represented overpayments for unbundled chemistry panel tests. Projecting the results of the statistical sample over the population, we estimate that \$186,240 was paid for unbundled chemistry panel tests.

For hematology tests, our review disclosed that 36 of 50 instances represented overpayments for duplicate hematology profiles. Projecting the results of the statistical sample over the population, we estimate that \$474,573 represents duplicate payments for hematology profiles.

For urinalysis tests, our review disclosed that 25 of 50 instances represented overpayments for unbundled and duplicate urinalysis tests. Projecting the results of the statistical sample over the population, we estimate that \$55,632 represents unbundled and duplicate payments for urinalysis tests.

The overall results of our review disclosed that 81 of 150 instances represented overpayments for unbundled and duplicate billings. Projecting the results of the statistical sample over the population, we estimate that \$716,445 represents payments for unbundled and duplicate billings. At the 90 percent confidence level, the overpayment is between \$611,823 and \$821,068 with the most likely amount being the amount reported above, \$716,445. The precision of this estimate is plus or minus 14.60 percent.

AUTOMATED MULTICHANNEL CHEMISTRY PANEL TEST HCPCS

Chemistry Panel CPT Codes

1 or 2 clinical chemistry automated multichannel test(s)	80002
3 clinical chemistry automated multichannel tests	80003
4 clinical chemistry automated multichannel tests	80004
5 clinical chemistry automated multichannel tests	80005
6 clinical chemistry automated multichannel tests	80006
7 clinical chemistry automated multichannel tests	80007
8 clinical chemistry automated multichannel tests	80008
9 clinical chemistry automated multichannel tests	80009
10 clinical chemistry automated multichannel tests	80010
11 clinical chemistry automated multichannel tests	80011
12 clinical chemistry automated multichannel tests	80012
13-16 clinical chemistry automated multichannel tests	80016
17-18 clinical chemistry automated multichannel tests	80018
19 or more clinical chemistry automated multichannel tests	80019
General Health Panel	80050
Hepatic Function Panel	80058

Chemistry Tests Subject to Panelling (34 CPT Codes)

Albumin	82040
Albumin/globulin ratio	84170
Bilirubin Total OR Direct	82250
Bilirubin Total AND Direct	8225 1
Calcium	823 10, 823 15, 82320, 82325
Carbon Dioxide Content	82374
Chloride	82435
Cholesterol	82465
Creatinine	82565
Globulin	82942
Glucose	82947
Lactate Dehydrogenase (LDH)	83610, 83615, 83620, 83624
Alkaline Phosphatase	84075
Phosphorus	84100
Potassium	84132
Total Protein	84155, 84160
Sodium	84295
Transferase; aspartate amino (AST)(SGOT)	84450, 54455
Transferase; alanine amino (ALT)(SGPT)	84460, 84465
Urea Nitrogen (BUN)	84520
Uric Acid	84550
Triglycerides	84478
Creatine Kinase (CK)(CPK)	82550, 82555
Glutamyltransferase, gamma (GGT)	82977

AUTOMATED HEMATOLOGY PROFILE & COMPONENT TEST HCPCS

Hematology Component Test CPT Codes

Red Blood Cell Count (RBC) only	85041
White Blood Cell Count (WBC) only	85048
Hemoglobin, Colorimetric (Hgb)	85018
Hematocrit (Hct)	85014
Manual Differential WBC count	85007
Platelet Count (Electronic Technique)	85595

Additional Hematology Component Tests - Indices

Automated Hemogram Indices (one to three)	85029
Automated Hemogram Indices (four or more)	85030

Hematology Profile CPT Codes

Hemogram (RBC, WBC, Hgb, Hct and Indices)	85021
Hemogram and Manual Differential	85022
Hemogram and Platelet and Manual Differential	85023
Hemogram and Platelet and Partial Automated Differential	85024
Hemogram and Platelet and Complete Automated Differential	85025
Hemogram and Platelet	85027

URINALYSIS TESTS

Urinalysis	81000
Urinalysis without microscopy	81002, 81003
Urinalysis microscopic only	81015