



Annual Notice to Physicians

This notice outlines testing performed at Primex Clinical Laboratories and applies to the Medicare National Coverage Determination and Medicare Local Coverage Determination Policies as set forth by *Centers for Medicare & Medicaid Services (CMS)*.

On occasion, testing is ordered on Medicare beneficiaries when services are not deemed covered, reasonable, or necessary. Federally funded payers as well as other third-party payers will reimburse for tests that are medically necessary for diagnosis or treatment. If a test is not considered medically necessary, reimbursement may be denied by Medicare and/or Medicaid. If reimbursement is denied for services rendered to a Medicare beneficiary, Primex will seek payment from the provider and/or the patient if the patient has been notified in advance of tests that may not be covered by Medicare and has signed an Advanced Beneficiary Notice.

Primex takes all reasonable efforts to ensure that claims to Medicare are not submitted for services that are not covered, reasonable, or necessary. Organ or disease related panels will only be billed when all components are medically necessary. Customized panels may result in ordering component tests which are not covered, reasonable, or necessary, and these components will not be billed to Medicare. Any individual who knowingly causes a false claim to be submitted may be subject to sanctions or remedies under civil, criminal, and administrative law.

CMS has provided the Medicare Coverage Database which contains all National Coverage Determinations and Local Coverage Determinations, as well as other useful information. This database can be accessed on the CMS website by visiting: <http://www.cms.gov/medicare-coverage-database>.

The database is provided as a tool to determine if a test is reimbursable by Medicare based on the patient's symptoms or medical condition as indicated by the appropriate ICD-10-CM diagnosis code. Please note that diagnosis codes are required for all claim submissions to Medicare for documentation of medical necessity and reimbursement.

Should you have any Medicare related questions or questions regarding this notice, please contact our Billing Department at (818) 779-0496 option 2.



Primex Clinical Laboratories
2021 Standard Requisition Organ and Disease Panels

Panel Number	Panel Name	CPT	2021 Medicare Reimbursement Rate
4401	Basic Metabolic Panel Calcium, Carbon Dioxide, Chloride, Creatinine, Glucose, Potassium, Sodium, Urea Nitrogen (BUN), BUN/Creatinine Ratio, Anion Gap Calculation	80048	\$8.46
0004	Comprehensive Metabolic Panel Albumin, Total Bilirubin, Calcium, Carbon Dioxide, Chloride, Creatinine, Glucose, Alkaline Phosphatase, Potassium, Total Protein, Sodium, ALT (SGPT), AST (SGOT), Urea Nitrogen (BUN), Bun/Creatinine Ratio, Anion Gap Calculation	80053	\$10.56
929	Hepatic Function Panel Albumin, Total Bilirubin, Direct Bilirubin, Indirect Bilirubin Calculation, Alkaline Phosphatase, Total Protein, ALT (SGPT), AST (SGOT), Albumin/Globulin Ratio	80076	\$8.17
9001	Acute Hepatitis Panel Hepatitis A Antibody IgM, Hepatitis B Core Antibody IgM, Hepatitis C Antibody Hepatitis B Surface Antigen w/reflex Reflex to Confirmation	80074	\$47.63
		87341	\$10.33
905	Lipid Panel HDL, Cholesterol, Triglycerides, LDL Calculation, VLDL Calculation, Cholesterol/HDL Risk Ratio	80061	\$13.39
932	Obstetric Panel CBC w/Platelet Count & Differential, ABO Group & Rh Type, Rubella Antibody IgG Antibody Screen w/reflex Reflex to Titer and ID Hepatitis B Surface Antigen w/reflex Reflex to Confirmation RPR w/reflex Reflex to Confirmation	80055	\$47.81
		86038	\$12.09
		87341	\$10.33
		86780	\$13.24
4464	Renal Function Panel Albumin, Calcium, Carbon Dioxide, Chloride, Creatinine, Glucose, Phosphorus, Potassium, Sodium, Urea Nitrogen (BUN), BUN/Creatinine Ratio, Anion Gap Calculation	80069	\$8.68
907	Electrolyte Panel Chloride, Carbon Dioxide, Potassium, Sodium, Anion Gap Calculation	80051	\$7.01