

BILLING - ANTIBODY IDENTIFICATION PANELS

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| <input checked="" type="checkbox"/> St. Joseph Medical Center Tacoma, WA | <input type="checkbox"/> St. Clare Hospital Lakewood, WA | <input type="checkbox"/> St. Elizabeth Hospital Enumclaw, WA |
| <input type="checkbox"/> St. Francis Hospital Federal Way, WA | <input type="checkbox"/> St. Anthony Hospital Gig Harbor, WA | <input type="checkbox"/> PSC |

PURPOSE

To provide instruction for the proper method of charging antibody panels in Cerner to meet Medicare standards.

BACKGROUND

CMS has strict billing requirements for blood bank testing. The billing method must meet Center for Medicare and Medicaid (CMS) criteria. It is important to know that it is not the number of actual panels we perform that will be counted. Instead it is the number of different methods performed with panel cells. A maximum of four panels may be billed.

RELATED DOCUMENTS

J-F-TS-1018 Antibody Identification Worksheet

DOCUMENTATION STEPS

The AB ID 1-3 test is automatically billed and counts as the first panel. Determine how many additional methods to bill for (maximum 3 additional) as follows:

- Count the number of methods that were used to test panel cells during the antibody identification workup.

Note: Cold panels that use screening cells, ABO cells, and cord cells are also billed as a panel

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|---------------|----------|-----------|
| • Gel | • PEG | • Cold |
| • Solid phase | • Eluate | • Prewarm |
| • LISS | • Saline | |

- At the bottom of the Antibody Identification Worksheet, place a checkmark in the small box by each method used during testing.
- In Cerner, bring up OID. Locate and select the patient’s AB ID 1-3 test order, ensuring that the AB ID 1-3 is ordered for the exact date and time of the original sample.
- Press F11 to open a footnote.
- In the non-chartable area of the footnote (below the line) insert the template “ABID CHG”.
- Place an “X” before each method used during testing, then close the footnote


Note: This step makes it easy for Client Services personnel to locate information on how many panel methods were used. Their workgroup is called upon to verify that the correct number of panels were charged every time that more than one panel is billed for an encounter.

BILLING STEPS

1. Note the following information
 - The original date and time that the specimen for the AB ID 1-3 was collected.
 - The encounter it was collected on (patient, MRN, CSN)
2. In Cerner, bring up the COE screen.
 - Do not branch to COE from the patient's accession number.
 - "Bill Only" orders cannot be added to an existing order.
3. Using COE, at the patient's name, push the up arrow. The cursor will go to the bill code.
 - Enter "7". The cursor will then go to the password.
 - Type in "BILL".
 - Enter the reason for the Bill Only by one of the following two methods
 - Push the Help key (Shift F5). Scroll to the last Help screen and select "Add AB Panel", OR
 - Type "48" into the reason field
 - Enter through "Y?"
4. In the Patient field, enter the patient's name or MRN and select the correct encounter on which the AB ID 1-3 was ordered.
5. In the procedure field, type in "AB ID 1-3" and press Enter
 - In the "Collection PRI" enter "BO"
 - In the "By" field, enter "888" and press Enter
 - In the Date and Time field enter the exact date and time the specimen was collected
 - Enter through the remaining fields until the cursor returns to the Procedure field.
 - Type "AB ID 1-3" for each additional panel to be billed
 - When all charges have been entered, enter through all remaining fields, including the final "Correct? Y/N" "Y".

REFERENCE

AABB Billing Guide for Transfusion and Cellular Therapy Services, current edition, AABB, Bethesda, MD 20814

DOCUMENT APPROVAL Purpose of Document / Reason for Change:			
2/28/2014 To create a document that describes the appropriate way to charge for antibody identification panels which meets CMS standards.			
<input type="checkbox"/> No significant change to process in above revision. Per CAP, this revision does not require further Medical Director approval.			
Committee Approval Date	<input checked="" type="checkbox"/> Date: <input type="checkbox"/> N/A – revision of department-specific document which is used at only one facility	Medical Director Approval <i>(Electronic Signature)</i>	 <div style="text-align: right;">3/11/14</div>