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| Division of Medicaid State of Mississippi Provider Policy Manual | New: Revised: X Current: | Effective Date: 05/01/11 |
| Section: Dialysis | Section: 41.04 | |
| Subject: Laboratory Tests or Injectable Drugs | Pages: 3 | Cross Reference: |

Laboratory Tests and Injectable Drugs Included in the Composite Rate

The administration of these items (both the staff time and the supplies) is covered under the composite rate and may not be billed separately.

1. Per treatment
All hematocrit, hemoglobin and clotting time tests furnished incident to dialysis treatments.
2. Weekly
Serum Creatinine
Prothrombin time (PT) for patients on anticoagulant therapy
3. Weekly or Thirteen (13) per quarter
Blood Urea Nitrogen (BUN)
4. Monthly
Alkaline Phosphatase
Lactate Dehydrogenase (LDH)
Serum Bicarbonate
Serum Chloride
Total Protein
Serum Glutamic-Oxaloacetic Transaminase (SGOT)
Complete Blood Count (CBC)
Serum Albumin
Serum Calcium
Serum Potassium
Serum Phosphorus
5. The following parenteral items cannot be billed separately:

| | |
|-------------------|--------------------------|
| Antiarrhythmics | Antihistamines |
| Antihypertensives | Apresoline (hydralazine) |
| Benadryl | Dextrose |
| Dopamine | Glucose |
| Heparin | Heparin Antidotes |
| Hydralazine | Inderal |
| Insulin | Lanoxin |
| Levophed | Lidocaine |
| Local Anesthetics | Mannitol |
| Pressor Drugs | Protamine |
| Saline | Solu-cortef |
| Verapamil | |

Antibiotics (when used at home by a patient to treat an infection of the catheter site or peritonitis associated with peritoneal dialysis)

Laboratory Tests and Injectable Drugs that May Be Billed Separately

The following list contains tests or injectable drugs that are billable in addition to the composite rate. When furnished at a greater frequency than specified below, they are only covered when medically justified as documented in the facility records.

1. Hepatitis B Vaccine - 3 (2 ml) doses
First Dose
Second Dose - 1 month after first dose
Third Dose - 6 months after first dose

For Seronegative patients (including patients who have received Hepatitis B vaccine but did not have a positive response to the vaccine) - Hepatitis B Surface Antigen (HB Ag) - one (1) a month.

2. Hepatitis B Surface Antibody or Hepatitis B Core Antibody - one (1) (but not both) once a year
3. Bone Survey (either the roentgenographic method or the photon absorptiometric procedure for bone mineral analysis) - one (1) a year.
4. Darbepoetin alfa (Aranesp)
5. Epogen
6. Injectable Albumin*
7. Injectable Anabolics
8. Injectable Analgesics
9. Injectable Antibiotics
10. Injectable Hematinics
11. Injectable Muscle Relaxants*
12. Injectable Sedatives
13. Injectable Tranquilizers
14. Platelet Count- one (1) every three (3) months
15. Red Blood Count (RBC)- one (1) every three (3) months
16. Residual renal function- one (1) every six (6) months

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17. Serum Aluminum - one (1) every three (3) months
 18. Serum Ferritin - one (1) every three (3) months
 19. Thrombolytics used to declot central venous catheters
 20. White Blood Count (WBC)- one every three (3) months
 21. 24 hour urine volume- one every six (6) months

*When not used as a substitute for a drug covered in the composite rate. Staff time used to administer separately billable parenteral items is covered under the composite rate and may not be billed separately.

If an automated battery of tests such as the SMA-12 is performed, and it contains most of the tests listed in one of the weekly or monthly categories above, it is not necessary to separately identify any tests in the battery that are not listed.

When any of these tests are performed at a greater frequency, the test may be billed separately and is covered when medically justified as documented in the facility records.

If there is no specific J-Code in the HCPCS list for a drug, it may be billed on a paper UB-04 claim using J3490. The name of the drug, the strength, and the dosage must be indicated, and one unit should be reported on the face of the claim. The drug may be covered if it is not experimental or investigative and it is being used according to recommended usage guidelines. The drug will be reviewed and manually priced.

Staff time used to administer separately billable parenteral items is covered under the composite rate and may not be billed separately.

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- Monthly
Alkaline Phosphatase Complete Blood Count (CBC) Lactate Dehydrogenase (LDH)
Serum Albumin Serum Bicarbonate Serum Calcium
Serum Chloride Serum Potassium Total Protein
Serum Phosphorus Serum Glutamic-Oxaloacetic Transaminase (SGOT)
- The following parenteral items cannot be billed separately:

| | | | |
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| Antiarrhythmics | Antihistamines | Antihypertensives | <u>Apresoline (hydralazine)</u> |
| <u>Benadryl</u> | Dextrose | <u>Dopamine</u> | Glucose |
| Heparin | Heparin Antidotes | <u>Hydralazine</u> | <u>Inderal</u> |
| <u>Insulin</u> | <u>Lanoxin</u> | <u>Levophed</u> | <u>Lidocaine</u> |
| Local Anesthetics | Mannitol | Pressor Drugs | Protamine |
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10. Injectable Hematinics
11. Injectable Muscle Relaxants*
12. Injectable Sedatives
13. Injectable Tranquilizers
14. Platelet Count- one (1) every three (3) months
15. ~~Chest X-ray - one (1) every six (6) months~~ Red Blood Count (RBC)- one (1) every three (3) months
16. ~~EKG - one (1) every three (3) months~~ Residual renal function- one (1) every six (6) months
17. Serum Aluminum - one (1) every three (3) months
18. Serum Ferritin - one (1) every three (3) months
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Nerve Conduction Studies

~~There is no reason and no basis in medical science for monitoring nerve conduction studies solely to assess the adequacy of dialysis. Nerve conduction studies will be allowed in evaluation of neurological function with the diagnoses listed below:~~

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| 250.60 | 250.61 | 250.62 | 250.63 | 354.0 | 354.1 | 354.2 |
| 354.3 | 354.4 | 354.5 | 355.71 | 355.79 | 355.8 | 356.1 |
| 356.4 | 357.5 | 357.6 | 357.7 | 721.0 | 721.10 | 722.52 |
| 723.4 | 724.4 | 729.5 | 782.0 | | | |