



PHARMACY SERVICES

Office of the Medical Director

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The Pharmacy Connection

A forum for pharmacy related news and updates for DMH programs

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A Message from the Medical Director, Roderick Shaner, M.D.

When we order laboratory tests for clients with Medi-Cal, Medi-Cal will only reimburse for laboratory orders that are medically necessary for the indicated diagnosis with the correct payable ICD-9 codes. For this reason, it is important for us to ensure that an applicable ICD-9 code is entered on our laboratory order forms in every case. This effort will allow us to stretch our Department's resources to provide services to the greatest extent possible. No one can do this except us, as ordering clinicians.

Karen Lee, MD and Vimol Thach recently devised a very handy reference sheet (see attached) that provides some common reimbursable diagnostic codes that we can most easily use. Please review this document and use it as a reference. This effort will allow us to stretch our Department's resources to cover the most people possible.

In addition, but not necessarily our direct responsibility, laboratory orders for Medi-Cal beneficiaries must also clearly identify the recipient's Medi-Cal number and other identifying information, such as date of birth, social security number, and IS number. If the Medi-Cal number and the ICD-9 codes are not indicated, the Department must reimburse the contracted laboratory. The table below indicates the monthly average number of laboratory tests ordered for our clients and the estimated number of these laboratory orders that should have been billed to Medi-Cal, but were determined non-reimbursable due to missing required information. As you can see, our efforts toward diligence in ICD-9 coding can be rewarded with some 15% increase in our functional laboratory budget.

	Monthly Average
Total Number of Laboratory Orders	5,658
Number of Laboratory Orders Billed to Medi-Cal	458
Total Number of Laboratory Orders Billed to the Department	5, 200
Estimated Number of Laboratory Orders for Potential Medi-Cal Clients where the Department may have been erroneously billed	780 -1,040 *
* This number represents 15-20% (which is a low estimate) of the <u>Total Number of Laboratory Orders Billed to the Department</u> .	

To access previous bulletins, go to the DMH Pharmacy webpage: http://dmh.lacounty.gov/wps/portal/dmh/clinical_tools/clinical_pharmacy



ICD-9 Codes for Laboratory Tests Commonly Ordered by DMH Psychiatrists

The following is a list of commonly ordered laboratory studies, each associated with common ICD-9 codes that are Medi-Cal reimbursable.

Medi-Cal will only reimburse for labs drawn in relation to certain ICD9 Codes. When Medi-Cal does not reimburse because these codes are absent, LAC DMH must reimburse the contracted laboratory. For this reason, it is important for us to ensure that an applicable ICD-9 code is entered on DMH lab order forms in every case possible. Determining the proper code is the responsibility of the individual who orders the lab.

Blood Counts (CBC)

- 780.71 Malaise and fatigue
- 995.2 Unspecified adverse effect of drug
- V58.69 Use of long-term medication monitoring

Vitamin B-12

- 266.2 Other B-Complex deficiencies
- 281.0 Pernicious anemia
- 281.1 Other Vitamin B-12 deficiency anemia
- 281.9 Unspecified deficiency anemia

Glycated Hemoglobin/Glycated Protein (HgbA1c)

- 250.00 Diabetes mellitus without mention of complication, Type II, or Unspecified Type
- 251.1 Other specified hypoglycemia
- V58.69 Use of long-term medication monitoring

Hepatitis Panel/Acute Hepatitis Panel

- 573.3 Hepatitis, Unspecified
- 783.1 Abnormal weight gain
- 783.21 Abnormal loss of weight
- 783.22 Underweight
- 789.00 Abdominal pain, unspecified site
- V72.85 Liver transplant recipient evaluation

Human Chorionic Gonadotropin (hCG)

- V22.0 Supervision of normal first pregnancy
- V22.1 Supervision of other normal pregnancy

Lipid Panel

- 250.00 Diabetes mellitus without mention of complication, Type II, or Unspecified Type
- 401.9 Unspecified essential hypertension
- V58.69 Use of long-term medication monitoring
- V81.20 Screening for unspecified cardiovascular conditions

Metabolic Panel

- V58.69 Use of long-term medication monitoring
- V77.1 Screening for Diabetes Mellitus

Prolactin

- 245.9 Thyroiditis, unspecified
- 405.01 Malignant renovascular hypertension
- 405.99 Other unspecified secondary hypertension
- 626.0 Absence of menstruation
- V22.0 Supervision of normal first pregnancy
- V22.2 Pregnant state, incidental; Pregnant state NOS
- V23.0 Supervision of high-risk pregnancy with history of infertility
- V23.9 Supervision of unspecified high-risk pregnancy

Thyroid Panel

- 297.1 Delusional Disorder
- 296.2X Major Depressive Disorders, Single (place a number code for X)
- 296.3X Major Depressive Disorders, Recurrent (place a number code for X)
- 296.80 Bipolar Disorder NOS
- 296.50 Bipolar I Disorder, most recent episode Depressed, NOS
- 250.00 Diabetes mellitus without mention of complication, Type II, or Unspecified Type
- 300.00 Anxiety state
- 311 Depressive Disorder NOS
- V58.69 Use of long-term medication monitoring
- V67.59 Other follow-up examination
- V67.9 Unspecified follow-up examination

To view the Medicare National Coverage Determination Policy Diagnosis Code Reference Guide provided by Quest, click the following link: http://www.questdiagnostics.com/hcp/files/mlcp/mlcp_tool_ca_final.pdf#page=1