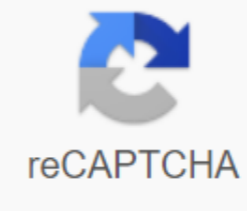




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## Cbc with manual differential quest

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Trumbokitopia Am Country Doctor. 2012 March 15 s 85 (6): 612 622. [Online information]. <http://www.aafp.org/afp/2012/0315/p612.html> available online on . Access to July 2014. (© 1995-2014). Morphology diagnosis (especially). Meo Clinic Meo Medical Laboratories [online information]. Available online on <http://www.mayomedicallaboratories.com/test-catalog/print/9184>. Access to July 2014. (May 18, 2012). What is anamya? National Heart And Blood Institute [Online Information]. Available online at . Access to July 2014. Lunch, E. (© 1990) Chapter 155 To Stranger Blood. Medical methods: history, physical, and laboratory tests. 3rd edition. The Nikba Book Shelf [online information]. Available online at . Access to July 2014. Pagana, KD & Pagana, TJ (© 2011) *Diagnosis and Laboratory Test Reference* 10th Edition: By, Inc., St. Louis, MO. Pp 168-170. Want to get such articles in your inbox? Subscribe to APCs Internal! Q: Our MAC recently conducted a focus review based on the response results with the complete blood count (m) manual difference (CPT® codes 85027 and 85007). Our doctors write an order for CBC with different. Some of our patients get camuchetherapy so their white blood cells are not enough to distinguish their count in an automated way. The result is basically meaningless, so our protocol is to make a manual difference to get a usable result. In these cases, we do not charge for the difference automatically but we charge for manual difference because that's how we get results. We have an order for a difference. However, our Mac/Response has told us that this is false reporting and they are going to pay the regulation. Can you give an insight? A: CPT code 85025 to the CBC calendar with a different, which includes an automatic difference because most individuals have enough to get results. If a patient is not counted enough, which often occurs after a comatitotherapy, and in the process of some cancer disease, the difference in the automatic way is meaningless and the manual difference is necessary. The National Correct Coding First (Nikka) guidelines are to automatically verify the results of the difference to consider the purpose of performing a manual difference. Simply, manual differences give meaning and explanation for the results of an automatic difference. This procedure/protocol is absolutely acceptable from a patient's care perspective. However, from a billing/reporting point of view, this is considered a positive test which Separately reportable nor incomplete results that re-enable in the test place. Doctors must specifically order a CBC with a manual to report it. Remember that CMS is to do that to express the intention for the re-assessment of the tests/services. Internal hospital protocols are not enough to support a bubble service. National Correct Coding First Policy Manual for Medical Services, Chapter X, s. 1 America: An automated method with a doctor automatically counting the doctor Orders full blood count from (CPT code 85025) or without automatic differential count (CPT code 85027), the laboratory should sometimes report to the laboratory to examine the blood as a blood-testing cpt code 85007 (the right and not the right Micro blood test with the difference count) or CPT code 85008 (the blood test without the direct micro-difference count) command to perform a blood test to automatically complete the hemogram test (CPT code 85025 or 85027) . If a treatment doctor orders an automatic hemogram (CPT code 85027) and a manual differential count (CPT code 85007), both codes can be reported. Editor's Note: Dennis Williams, RN, CPC-H, Director of Income Integrity Services in ON-A- FL, Inc., answered this question. Want to get such articles in your inbox? Subscribe to APCs Internal! Internal!

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