

# General Instructions

## Billing

Saint Luke's Regional Medical Center (SLRMC) can bill directly to the client, which includes a physician or clinic or to a patient/third party or private insurance. SLRMC accepts assignment for Medicare and Medicaid.

*Client/Physician/Clinic*—Clients will be billed monthly by an itemized invoice that includes date of service, patient account number, patient's name, test performed, and fee for each specimen processed during that month. Please remit payment upon receipt of bill. Do not hesitate to call if you have any questions concerning your bill or payment of your bill.

*Patient/Third Party/Private Insurance Billing*—If the client does not wish to be billed directly, an alternative method is for SLRMC to bill the patient/third party directly. SLRMC will file a claim on behalf of your patient with many insurance companies and managed care organizations. Copayments and deductibles are billed as appropriate. Most insurance payments are made on a negotiated fee schedule where the fee is payment in full. In some cases, a percent of fees are paid by insurance and the balance is the patient's responsibility.

*Medicare Part B Billing*—In accordance with legal and regulatory requirements, SLRMC will bill Medicare for testing performed for Medicare Part B patients (exceptions to these requirements may apply).

*Medicaid and MediPass®*—Medicaid and MediPass® are state medical assistance programs for those who cannot afford their own health care. It is important to note that Medicaid and MediPass® can only be filed after all other third-party resources have been exhausted. SLRMC will bill Medicaid and MediPass® for testing performed for qualified patients. Information needs to be provided to SLRMC as to whether patient is eligible for Medicaid or MediPass®.

*Private Insurance*—SLRMC will file a claim on behalf of your patient with many insurance companies and managed care organizations.

**Note:** It is imperative that the following patient information be included on the request form:

- Complete legal name, gender, and date of birth
- Complete address and phone number
- Social Security number
- Primary care physician (PCP) and ordering physician if not the PCP

- Billing party
- Copy of insurance card
- Medicare, Medicaid, MediPass® numbers or insurance group and identification number
- Insured's name
- Employer
- Secondary and tertiary insurance plan information
- **Diagnosis** for each ordered test

Please remember that federal law requires you to provide diagnostic information with your test request form. We must have this information in order to proceed with testing and to properly bill for laboratory tests. You can either provide an ICD-9 diagnosis code in the space provided on our request form or a narrative diagnosis in the comment section of the request form. We need either diagnosis or a symptom to indicate why the physician is ordering each test. In some cases, more than 1 diagnosis code may be appropriate. Please submit only diagnoses or symptoms that apply to tests being ordered.

Providing diagnostic information when ordering a test helps us operate efficiently and ensures we are paid for our services. It also eliminates time and expenses we both incur reviewing your files and corresponding with you to get required information. For those facilities that fail to consistently provide us with proper diagnostic information prior to running of the test, it may become necessary to delay testing until proper documentation is received. In addition, recent Centers for Medicare & Medicaid Services program memoranda have indicated its intention to issue instructions directing carriers and intermediaries to contact billing provider (laboratory) and ordering provider (physician) to request additional information for claims involving diagnostic information for requested tests. This means that you may receive requests not only from this laboratory but also from your carrier if you fail to provide necessary diagnostic information for requested tests. The physician may also receive inquiries concerning orders without necessary diagnostic information.

## Hours

Our laboratory services are available 24 hours a day, 7 days a week for testing. For specimen collection for walk-in laboratory outpatients the hours of operation are as follows:

Monday – Friday: 06:00 AM to 06:00 PM

Saturday-Sunday: 08:00 AM to 04:00 PM

Holiday Hours: 08:00 AM to 04:00 PM

## Informed Consent Certification

Submission of an order for any tests contained in this catalog constitutes certification to SLRMC by the ordering physician that: (1) ordering physician has obtained "Informed Consent" of

subject patient as required by any applicable state or federal laws with respect to each test ordered; and (2) ordering physician has obtained from subject patient authorization permitting SLRMC to report results of each test ordered directly to the ordering physician.

## Labeling

SLRMC aims to provide high-quality testing with rapid turnaround time. In order to ensure high-quality test results, it is essential that office personnel identify all specimens. Once proper specimens have been collected, SLRMC requires that all specimens be labeled with patient's name (first, last, and middle initial), medical record number (if appropriate), date of birth and/or Social Security number, and date and time of collection.

If a situation requires use of a specimen that does not meet SLRMC specimen acceptability criteria for specimen identification, an "Authorization Form" will be filled out by the Customer Service Representative and faxed to the outreach facility. No testing will be done until the form is signed and returned. Results will be reported with the following comment:

"The Physician/Clinician has authorized the release of the results and agrees to assume responsibility for specimen identification."

An unlabeled specimen which cannot be redrawn or recollected will not be used for testing without approval of an SLRMC pathologist. Results will be reported with the following comment:

"Specimen received unlabeled, please interpret results with caution. Approval to use the specimen given by (pathologist's name)."

Known infectious substances are to be placed in special packaging which is available by requesting from SLRMC courier or by calling SLRMC at 712-279-3184.

## Laboratory Specimen Acceptance/Rejection Criteria

After specimen is collected and properly labeled, it is transported to the laboratory. The vast majority of specimens are accepted. Occasionally, a specimen must be rejected for testing. The most common reasons for rejecting a specimen are:

- Clotted anticoagulated specimen
- Collected at wrong time

- Collected in conjunction with an illegible or incorrect request form
- Grossly hemolyzed or lipemic specimen
- Improperly collected specimen
- Improperly labeled or unlabeled specimen
- Insufficient amount of specimen
- Exposure to light or improper storage temperature

**If a specimen is rejected, the outreach facility will be notified as soon as possible by the laboratory's Client Service Representative.**

## Medical Necessity

Please provide an ICD-9 code (or description) for tests ordered on the request form to document medical necessity for tests. Be careful when ordering panels or profiles to ensure medical necessity of all tests contained within the panel or profile. The Balanced Budget Act of 1997 requires physicians to provide diagnostic information when ordering a test for which reimbursement from the Medicare program will be sought if that information is necessary for payment.

## Medicare Notice for Ordering Physicians: Advance Beneficiary Notice of Noncoverage (ABN)

Medicare will only pay for items and services it determines to be "reasonable and necessary" under section 1862(a)(1) of Medicare law. If Medicare determines that a particular item or service, although it otherwise would be covered, is "not reasonable and necessary" under Medicare program standards, Medicare will deny payment for that item or service.

Medicare does not pay for laboratory tests that "screen for abnormalities" or for "routine" laboratory tests. If you have reason to believe tests you are ordering for your patient may be denied by Medicare, the patient must be informed (prior to testing), and an ABN must be signed. A copy of the ABN must be forwarded to SLRMC with the test request form.

## Panels and Profiles

SLRMC uses Mayo Medical Laboratories for certain reference testing services. Many of the laboratory tests, panels, and profiles that Mayo Medical Laboratories performs for SLRMC are identified and listed in the Alphabetical Test Listing of this catalog. Mayo Medical Laboratories tests, panels, and profiles have been established by Mayo Medical Laboratories in accordance with their policies and procedures. Any listed Mayo

---

Medical Laboratories profile that contains multiple CPT codes should be treated as a profile for purposes of Medicare. Therefore, the ordering physician should order the profile only if all of its components are medically necessary for that particular patient. If all of the test components are not medically necessary, the physician should order only the necessary tests.

### **Courier Pickup**

Through our courier service, regularly scheduled pickups are planned Monday through Friday from 8 a.m. to 7 p.m. and Saturdays from 8 a.m. to 4 p.m.

### **Reference Values**

All reference values listed are for adult normals at SLRMC unless otherwise indicated.

### **Reporting**

All test results can be reported in 1 of 3 ways:

- Delivery of results by courier
- Direct online reporting through installation of a printer terminal onsite
- Immediate phone response

The most frequently requested tests are completed and reported within 24 hours following receipt of specimen.

### **Supplies**

All specimen preparation, shipping supplies, and request forms are supplied by SLRMC's Customer Service. To reorder, fax request to 712-279-7983 or complete a supply request form and send in with your courier for next-day delivery.