

# Policies—Billing and Coding

## Billings Clinic Laboratory Offers Billing Choices as Allowed by Law, and Regulations

The following options are available:

- Clients may choose to have Billings Clinic Laboratory bill them for services (Client Billed) **OR**
- Billings Clinic Laboratory will bill patient insurance, Medicare, Medicaid, or the patient.

Clients should understand pertinent laws and regulations related to making a choice between client billing and patient billing options. Billings Clinic Corporate Compliance Department is available to answer questions as needed. Call Billings Clinic Laboratory and request a transfer to Billings Clinic Corporate Compliance Department.

- If a patient of a hospital is an INPATIENT or a REGISTER OUTPATIENT, that hospital must bill Medicare for services—thus Billings Clinic Laboratory will “Bill Client.” The client hospital facility would need to mark, “Bill Client” on the submitted requisition.
- If a hospital Medicare INPATIENT has a tissue for pathology, the technical component will be billed back to the submitting hospital, and Billings Clinic Laboratory will bill the professional service directly to Medicare.
- If a patient is in a skilled nursing facility (SNF) in a part A skilled stay, the SNF needs to mark “Bill Client” on the submitted requisition. Billings Clinic Laboratory will bill the SNF for services as the skilled A stay payment from Medicare includes all laboratory services.
- If a patient is in a skilled nursing facility and NOT in a part A skilled stay, the SNF may provide proper billing information so that Billings Clinic Laboratory is able to bill the patient or other payer directly. The SNF staff would mark, “Bill Patient” on the submitted requisition.
- Physician practices generally defer to Billings Clinic Laboratory to bill Medicare (and may choose to have Billings Clinic Laboratory bill other payers). Mark “Bill Patient”
- Physician practices may request that Billings Clinic Laboratory client bill CLINICAL LABORATORY SERVICES by marking “Bill Client” on the submitted requisition.
- Billings Clinic Laboratory may ONLY BILL ANATOMIC PATHOLOGY SERVICES TO:
  - Patient
  - Patient’s insurance

- Health care facility that ordered services
- Referring laboratory (other than a laboratory in which the patient’s physician or other practitioner of the healing areas has a financial interest) **OR**
- State or federal agency
- Billings Clinic Laboratory may not “Client Bill” a physician practice for anatomic services including PAP cytology due to state law.

## Client Bill (Your Practice or Facility Billed for Services)

Facility will receive an itemized statement/invoice which will include patient’s name, date of service, test name(s), and charge. Payment terms are net 30 days. When making a payment, please include the invoice number on your check to ensure proper credit to your account. Any client requests for a charge correction on a vendor account must be received within 90 days from the date of service in order for such changes to be made.

*Required Information for Client Bill*—When completing a test requisition, the following information is required:

- Patient first and last name
- Patient date of birth
- Patient gender
- Patient Social Security number (optional-assists Billings Clinic Laboratory in recording all patient encounters together)
- Ordering physician/nonphysician provider (NPP)
- Test(s) requested
- Date and time of specimen collection

## Patient Bill (Patient Insurance, Medicare, Medicaid, Patient Personally)

Billings Clinic Laboratory will directly bill your patient’s insurance, Medicare, Medicaid, or the patient **IF ALL REQUIRED INFORMATION IS SUPPLIED.** Billings Clinic Laboratory reserves the right to bill the client directly for services in the absence of appropriate billing information.

*Required Information for Patient Bill*—When completing a test requisition, the following information is required:

- Patient first and last name
- Patient date of birth
- Patient gender

- Patient Social Security number (optional-assists Billings Clinic Laboratory in recording all patient encounters together)
- Patient address
- Responsible party for charges
- Complete billing information. Include primary insurance company name, address, and policy number. Attach secondary information to requisition.
- Ordering physician/NPP
- Test(s) requested
- ICD-9 code(s) (diagnostic information)
- Properly executed and complete ABN when appropriate
- Date and time of specimen collection

If any such claim is denied due to insufficient billing information, the Billings Clinic Laboratory staff will utilize the “Fax-Back Form” to collect necessary information. This form is faxed to ordering client up to 2 times within a 10-day period following receipt of specimen. If requested additional billing information is not received within this 10 days, Billing Clinic Laboratory will bill such services back to ordering client/ facility at the established client fee schedule.

*Note regarding Social Security Number (SSN)*—SSN is an excellent patient identifier that allows Billings Clinic Laboratory to match incoming requests with current patient records, however, the SSN is also a number useful for identity fraud schemes. Because of this risk, Billings Clinic Laboratory does not REQUIRE the SSN though if it is provided, it allows Billings Clinic Laboratory to keep a single patient’s encounters in one record

### Test Requisitions

Billings Clinic Laboratory provides test requisitions. To assure timely testing and accurate billing, it is important to complete requisitions with all required information. Test requisitions are customized for each client by Billings Clinic Laboratory for the convenience of our clients. The client’s name, address, and phone number are pre-printed on the form. It is important to use your client form.

### CPT Coding—Billings Clinic Laboratory

It is your responsibility to determine the correct CPT codes to use for billing. While this catalog lists CPT codes in an effort to provide some guidance, the CPT codes listed only reflect our interpretation of CPT coding requirements. Particularly, in the case of a test involving several component tests, this catalog attempts to provide a comprehensive list of the CPT codes for all of the possible components of the test. Only a subset of the component tests may be performed on your specimen. You

should verify the accuracy of the codes listed; and where multiple codes are listed, you should select the codes for the tests actually performed on your specimen. **BILLINGS CLINIC LABORATORY ASSUMES NO RESPONSIBILITY FOR BILLING ERRORS DUE TO RELIANCE ON CPT CODES LISTED IN THIS CATALOG.** For further reference, please consult the CPT Coding Manual published by the American Medical Association; and if you have any questions regarding the use of a code, please contact your local Medicare carrier.

### Billing—CPT Coding—Mayo Medical Laboratories

It is your responsibility to determine correct CPT codes to use for billing. While this catalog lists CPT codes in an effort to provide some guidance, CPT codes listed only reflect our interpretation of CPT coding requirements and are not necessarily correct. Particularly, in the case of a test involving several component tests, this catalog attempts to provide a comprehensive list of CPT codes for all of the possible components of the test. Only a subset of component tests may be performed on your specimen. You should verify accuracy of codes listed. Where multiple codes are listed, you should select codes for tests actually performed on your specimen. **MAYO MEDICAL LABORATORIES ASSUMES NO RESPONSIBILITY FOR BILLING ERRORS DUE TO RELIANCE ON CPT CODES LISTED IN THIS CATALOG.** For further reference, please consult the CPT Coding Manual published by the American Medical Association. If you have any questions regarding use of a code, please contact your local Medicare carrier.

### Reflex Testing

A reflex test is a test that is performed by the laboratory based on results of another test. A test may elicit a reflex test at Billings Clinic Laboratory when accrediting agencies (CAP, Federal, State) require it or when it is considered good laboratory practice by Billings Clinic Laboratory. Billings Clinic’s test directory and other information informs clients, physicians, and NPPs of reflex tests. Physicians/NPP have the option to choose “no reflex.” This is communicated to Billings Clinic Laboratory by writing “NO REFLEX” for specific test(s) on the requisition in the designated area.