

Policies-Providence Alaska Medical Center (PAMC)

Providence Alaska Medical Center (PAMC) Laboratory policies follow the Providence Health and Services Corporate Compliance Plan, as well as all federal, state, and local laws and regulations. Our operations will adhere to the compliance plan in the marketing, ordering, performing, and billing of laboratory procedures.

Billing

All tests which are both ordered and performed will be billed to the appropriate payer under the guidance provided by the payer and in accordance with all federal, state, and local laws and regulations. The following options and guidelines are available for billing:

Patient Billing: The laboratory provides patient billing as a service to our clients. We are required to bill Medicare and Medicaid directly but **may** bill other payors directly. If you are sending a specimen collected at your facility, please include the necessary patient financial information:

- Name of insured and date of birth
- Name of their employer
- Copy of their insurance card (front and back) or a copy of the patient's face sheet or the following information:
 - Name of insurance carrier
 - Address of insurance carrier
 - Insured Social Security number (subscriber number)
 - Group number
- For pediatric patients:
 - Name of the patient's parent or guardian
 - Billing information for the parent or guardian

Client Billing: Please contact the Laboratory Outreach Manager if you would like to establish an institutional account.

- **Medicaid:** For these patients, please include a copy of the current month's sticker.
- **Medicare:** For these patients, the following information is necessary:
 - A copy of patient's Medicare card
 - A completed and signed Medicare Secondary Payer questionnaire (which is included on the back of the outpatient request form)
 - A completed and signed Advanced Beneficiary Notice of Noncoverage (ABN) if any of the designated tests have been ordered and the diagnosis provided does not support medical necessity

—Tests that are subject to limited payment are highlighted on the request form for your convenience.

Cancellation of Tests

Cancellations received prior to test setup will be honored at no charge. Requests received following test setup cannot be honored. A report will be issued automatically and charged appropriately.

CPT Coding

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. In the case of a test involving several component tests, this catalog attempts to provide a comprehensive list of CPT codes for all possible components of test. Only a subset of component tests may be performed on your specimen. You should verify accuracy of codes listed. **PAMC 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 use of a code, please contact your local Medicare carrier.

Reporting

- Inpatient reports for routine testing are printed directly to the ordering location at 3 p.m. STAT test results print directly to the ordering location upon completion of testing. Results are also interfaced into the hospital result repository (ProvPort) and can be viewed from a terminal at ordering location.
- Outpatient reports are printed at 4 p.m. and are delivered to physician's office on the following business day. Reports can also be faxed or printed directly to your location.
- STAT reporting can be phoned or faxed, per request, to physician's office. Please mark the laboratory request form if you would like results phoned or faxed to your office.

Specimen Acceptability

Accuracy of test results greatly depends on proper patient preparation and careful specimen handling prior to laboratory

testing. To ensure integrity for any specimen, please check specimen requirements listed for each test in the alphabetical test listing section of this manual.

Specimen requirements include type of container, type of specimen, volume of specimen, and any special handling instructions. To aid specimen stability and protect the clinical value of patient results, please refrigerate specimens prior to delivery to the laboratory unless otherwise indicated in the individual test requirements.

We will not perform testing on any specimen that is unacceptable according to the guidelines in this manual. Every attempt will be made to contact the office submitting the specimen, so that changes can be made to make the specimen acceptable.

If a client insists that testing be completed on an unacceptable specimen, the test may be run with appropriate comments entered with the result. Final determination will be by the supervisor or deferred to the pathologist, if indicated.

The laboratory will not accept liability when the true identity of a specimen is in question. Any technical specialist or manager has the authority to reject a specimen of questionable identity.

If you have questions about new or unusual test requirements, please call our Customer Service Representative at 907-212-3631 for information.

Specimen Labeling

Specimens submitted for testing must be accurately labeled with the following information. Items marked below with an (*) must be on patient's specimen.

- *Patient's first and last name (no abbreviation) *
- *Date and time of specimen collection *
- For Blood Bank specimens, please refer to "Transfusion Services" in "Specialized Laboratory Collections" section in "General Information" in this manual.
- Patient's medical record number (inpatients)
- Control number if order has been entered into the STAR HIS system, but not labeled with Cerner labels (inpatients)
- For pathology and cytology specimen labeling, please refer to "Pathology and Cytology Services" in "Specialized Laboratory Collections" section in "General Information" in this manual.

Specimen Handling

Specimens may be rejected for the following reasons:

- *Clotted Specimens*: Tests requiring anticoagulated blood or plasma can not be run on specimens containing clots.
- *Incorrect Blood/Anticoagulant Ratio*: Each anticoagulated tube requires a specific amount of blood for testing accuracy. If ratio is not met, specimen is unacceptable for testing.
 - Sodium citrate tubes must be fully evacuated
 - ESR tubes must be fully evacuated
 - EDTA tubes must be at least half full
 - Lithium heparin tubes must be at least half full
- *Urine Specimens*: All urine specimens must be collected as aseptically as possible and in a sterile container. Specimen at ambient temperature is stable for 1 hour and 4 hours if refrigerated.
- *Hemolyzed Specimens*: Evaluation of hemolyzed specimens will be performed at the bench with appropriate follow-up for unacceptable specimens.
- *Improper Storage/Handling*: Specimens kept at inappropriate temperatures for a prolonged period of time will be unacceptable for testing. The following are examples of specimens that would not be acceptable:
 - Blood gas not received on ice
 - EDTA tube at ambient temperature for >4 hours
 - Coagulation tube drawn >2 hours before submission
 - Stool specimen for *Clostridium difficile* collected >1 hour before submission
- *Quantity Not Sufficient (QNS)*: Submission of inadequate specimen volume presents difficulties for both laboratory and patient. Every attempt will be made to perform requested analysis on specimen volume provided. When this is not possible, clients will be notified.

Testing

- *Scheduling Tests*: Most clinical, in-house tests are available 7 days a week. The following tests require notification and/or are available on certain days:

Procedure	Required Notice
Sperm Washing Monday through Saturday 7 a.m. to 11 a.m.	24 hours

Procedure	Required Notice
Glucose 2-Hour Postprandial Monday through Saturday (have patient call for directions)	24 hours
Glucose Tolerance Test (2-hour test) Monday through Saturday (have patient call for directions)	24 hours
Sweat Test	24 hours
Muscle Biopsy (for anything except myositis [dystrophies, etc.] Monday through Sunday)	24 hours
Fine-Needle Aspirate	24 hours
<i>Helicobacter pylori</i> Breath Test	24 hours

- **Ordering Outpatient Testing:** Written orders must accompany patient or specimen, and must include the ICD-9-CM diagnosis code for the tests that are ordered. This fulfills compliance requirements for medical necessity documentation. Ordering providers must be clearly identified on all patient orders. Written orders may be faxed to 907-212-3632.
- **Request Forms:** Request forms for clinical laboratory, cytology, and pathology specimen testing are provided, and will expedite the processing of specimens through our laboratory. Please use these forms when ordering laboratory testing. All laboratory, pathology, and cytology request forms are pre-printed with provider's name and address. Customized laboratory request forms allow the physician to add tests they may frequently order. Custom request forms are available by calling a Customer Service Representative at 907-212-3631.
- **Verbal Orders:** Verbal orders will be accepted in emergency situations and must be followed by written verification within 72 hours. A confirmation will be faxed to the ordering provider immediately after order is received. Confirmation notice must be signed with date and time indicated and faxed to 907-212-3632 within 72 hours. "Add-on" tests may be ordered if sufficient specimen quantity remains.
- **Standing Orders:** Standing orders must be written and signed by the physician. Specific tests and corresponding ICD-9-CM codes must be listed, and start and stop dates for testing must be noted. All standing orders must be renewed annually. The laboratory will send reminders to the physician's office when annual renewal is due. If the physician does not renew standing

orders, the original order will expire and be removed from the active file. Patients will not be serviced without current orders.

- **Reflex Testing:** The laboratory will perform reflex testing if 1 of the specified initial tests is ordered, and if test results meet reflex criteria. Additional fees will be assessed for any reflex testing that is performed.

Due to Medicare and Medicaid regulations, we highly recommend providing ICD-9 codes for more accurate and expedient billing for the patients.