

Spectrum Health Laboratory Policies

Billing Policy

Physician offices and other healthcare providers submitting specimens with orders directly to Spectrum Health Laboratory must provide complete patient demographics, insurance information, and patient waivers when applicable (see Compliance section for details). Spectrum Health Laboratory will bill all applicable charges for clinical testing and the technical components of the anatomic pathology, cytology, and flow cytometry testing. Corresponding professional fees for anatomic pathology, cytology, flow cytometry, and certain clinical pathology interpretations will be billed by Michigan Pathology Specialists, P.C. Spectrum Health Laboratory will bill insurance companies only when complete information is provided. Billing questions can be made directly to Spectrum Health Patient Financial Services at (616)391-1730. For questions concerning professional billing contact Michigan Pathology Specialists, P.C. at 1-800-535-3074.

Note: When incomplete information has been submitted, the patient will be billed.

- **Required Information for Billing**

Patient: Legal name, date of birth, address, and phone number

Insurance information: Complete the insurance section of the Laboratory Requisition in its entirety or submit a photocopy of the insurance card

ICD-9/ICD-10 Diagnosis codes (or narrative descriptions of presenting symptoms) are **REQUIRED** for all laboratory tests. If a diagnosis is not provided, the ordering provider will be contacted by the laboratory for this information.

Internal Policy ID: Ref #11784; Ref#2820

- **Medicaid Billing**

The laboratory will bill Medicaid provided the patient is currently enrolled and can provide verification to the laboratory. Please make a copy of the patient's Medicaid card to ensure billing accuracy and enrollment verification.

- **Medicare Billing**

If your patient has Medicare coverage, please send complete Medicare information. **If the test(s) requested are a Medicare Limited Coverage Test, you MUST inform the patient that payment may be denied by Medicare if an approved diagnosis is not given by the physician. You must have the patient sign and date the ABN waiver form acknowledging that they were informed before the test was collected.** For more details on Limited Coverage Tests, ABN and Medicare policies, see the Compliance Policies Section of this service manual and refer to the Spectrum Health Lab Physician Reference Guide.

- **Patient Billing**

Spectrum Health Laboratory will bill patients directly. Complete information including current mailing address is required.

Note: The laboratory welcomes, but does not require, a copy of the patient's driver's license or personal identification card to ensure transcription accuracy.

Internal Policy ID: Ref #2984; Ref#12825; Ref#2983

- **Third Party Insurance Billing**

Spectrum Health Laboratory will bill third party payers directly only when complete billing information is provided. Please provide a copy (both sides) of the patient's current insurance card when able.

Note: Patient inquiries regarding coverage should be directed to their insurance company

handbook.

- **Client Billing**

Spectrum Health Laboratory provides contract services with various providers. Client invoices are processed on a monthly basis. Terms of payment are net 21 days. Please include the remittance copy of the invoice with payment. For client billing questions, contact your Laboratory Client Service Representative or call the Laboratory Call Center at 616.774.7721.

Critical Result Reporting

Critical/Alert values will be phoned to the requesting physician and/or requesting laboratory within 30 minutes of result validation. See the “Critical Values for Spectrum Health Regional Laboratory” document for full list of reported values.

Note: Documentation of Critical/Alert notification will appear on the lab reports and includes initials of person calling the results, person receiving the results, and the date and time of the call.

Internal Policy ID: Ref #10796; Ref #10967; Ref #8184

HIV Testing Policy

When ordering a HIV test on a patient, it is required by Michigan Law that the patient is counseled and consent has been obtained by the ordering physician using the Michigan Department of Public Health information booklet. To request HIV consent forms (in English, Spanish, or Arabic), complete a Laboratory Supply Order form or call 616.774.7721.

New Tests and Changes in Methodologies Notification

Spectrum Health Laboratory may deem it necessary to add or change test methodologies. The laboratory will do its best to inform all clients of such changes, however, any changes in methodologies and/or fees are subject to change without prior notification.

Panels

Spectrum Health Laboratory encourages physicians to order only medically necessary tests and to order tests on an individual basis. Spectrum Health Laboratory does offer the AMA approved panels as well as non-standard panels approved by the Spectrum Health Medical Executive Committee (MEC). Physicians requesting custom panels must do so in writing and must sign an acknowledgment agreement. Custom Panel agreements must be renewed on an annual basis. Please contact the Laboratory Call Center at (616)774-7721 for details.

Professional Courtesy

Spectrum Health will not provide professional courtesy for laboratory tests performed on Physicians and their office staff. These charges can either be client billed to the Physician office or charged to the appropriate patient insurance company.

Quality Assessment Policy

Repeat determinations are performed routinely as part of the laboratory’s quality assessment program. Spectrum Health Laboratory will repeat a test without charge when in the physician’s opinion; the result does not correlate with the clinical picture presented by the patient. When requesting repeat determination, please contact the Laboratory Call Center at 616.774.7721. All calls will be forwarded to the Pathology Department and/or the Lab department manager.

Note: Follow-up or confirmatory testing is not considered a repeat determination, and will be processed as a new request.

Reflex Testing

The results of one lab test often necessitate further testing to provide meaningful diagnostic information. The Spectrum Health Laboratory Compliance Policy requires valid orders for all tests, including reflex testing. Only when additional confirmatory tests are required by state and/or laboratory accrediting agencies, will Spectrum Health Laboratory perform additional testing (at additional charge to the patient). When the need for additional testing occurs, please use the “Add on Test Order” form.

Test Cancellations

Tests can be canceled without charge if cancellation notification is received while specimens are in transit or have not been assayed. Cancellation requests can be called to Laboratory Call Center at (616)774-7721. If testing has been completed, cancel requests will be referred to the Laboratory Client Services department to determine if any fees will be credited.

Turn Around Time

Each test listed in the test catalog will indicate an estimate of test frequency and turn-around time (TAT). Approximate TAT can also be obtained through calling the Laboratory Call Center at 616.774.7721. The TAT for tests sent to a reference lab will vary, though the usual TAT is from 7-10 days.

Unacceptable Specimens

Some specimens cannot be tested because of improper collection or labeling or degradation of sample during storage or transport. Providers will be notified of rejected or problem specimens. If Spectrum Health Laboratory is unable to obtain a satisfactory analytic result, there will be no charge.

Valid Laboratory Orders

Physicians, Nurse Practitioners and Physician Assistants must issue patients valid orders for all laboratory tests.

Note: Under special circumstances, a provider may phone one of the Laboratory Service Centers with a lab order for their patient. Lab staff will obtain the needed specimen, however testing will not be completed until valid orders are received at the Outpatient lab.

The following information is required on all laboratory requisitions

- **Patient Information**
 - Full name (legal name) including middle initial
 - Birth Date
 - Address and Phone Number
 - Marital Status

- **Billing Information**
 - Policy holder name
 - Policy holder address
 - Insurance name, address, and type
 - Contract, Plan or Group Numbers
 - Policy holder’s employer
 - Relationship to patient

Note: A copy of patient’s insurance card (front and back) is advised.

- **Order Expiration**

In order to fully comply with federal medical necessity regulations and third party payer billing requirements, physicians must indicate the order validity timeframe on each laboratory order requisition (30, 90, 180, or 400 days). Orders that contain no validity indication will be defaulted to 180 days. Laboratory standing orders are valid for 400 days (approx. 1 year).

- **Medical Necessity-Diagnosis**

Physicians are encouraged to order only tests that are medically necessary. Federal Regulations require all pertinent **diagnosis(s) must be supplied by the ordering physician with the test request**. Please provide the appropriate ICD-9/ICD-10 code, listing the primary diagnosis first.

Note: Outpatient diagnoses are presenting signs and symptoms for the patient. Med check, rule-out, suspected, possible, screen, and probable conditions cannot be used as the diagnosis for outpatient laboratory orders. Please provide the presenting symptoms of the patient.

If a laboratory order is received without a diagnosis, Spectrum Health Laboratory will call your office for this information. Results for non-critical testing may be held until a diagnosis is obtained by the laboratory.

- **CPT Codes**

The CPT codes listed in this Catalog are based on AMA guidelines and are for informational purposes **only**. The CPT codes listed reflect our interpretation of CPT coding requirements only and are subject to change at any time. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

- **Advance Beneficiary Notification (ABN), Patient Waivers**

Medicare requires Advanced Beneficiary Notification (ABN) or waivers be obtained for certain Limited Coverage Tests. Patients must be informed prior to obtaining specimen(s), when the benefit may not be covered by Medicare using the diagnosis(s) the physician has given. Patients must be told the reason for possible non-coverage and also the cost of the lab work. Patient's **signature** and **date** are required for the ABN (sample of this ABN form located at end of this section). If you have any questions in regards to this ABN process, please feel free to contact your Client Service Representative for assistance.

- **Primary versus Secondary Billing**

Medicare requires the staff obtaining the billing information to check for any other insurance coverage that should be primary.

- **Standing Orders**

As a convenience to both patients and physicians, Spectrum Health Laboratory honors standing orders when the following information is given:

- Patient name
- Diagnosis
- Ordering physician
- Tests ordered
- Date order written
- Frequency of order (monthly, weekly)
- "Standing Order" written on order

Note: Standing Orders are valid for 400 days from the date written.