

Billing for Services Provided to Clinics

Clinic Billing

Clinics receive a monthly statement indicating the procedure, patient's name, date of service, and fee. Payment is due upon receipt. Should you feel any portion of the statement is incorrect, please notify your CentraCare Laboratory Services (CCLS) Customer Representative.

CPT Coding—CCLS

It is your responsibility to determine correct CPT codes to use for billing. This manual lists CPT codes in an effort to provide some guidance to our clients. However, CPT codes listed only reflect our interpretation of CPT coding requirements and are not necessarily correct. We have provided a comprehensive list of CPT codes for all possible components of the test for testing referred to other reference laboratories. Only a subset of component tests may be performed on your specimen. Where multiple codes are listed, you should select codes for tests actually performed on your specimen. **CCLS/AREA LABORATORY SERVICE ASSUMES NO RESPONSIBILITY FOR BILLING ERRORS DUE TO RELIANCE ON CPT CODES LISTED IN THIS MANUAL.**

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.

Direct Billing

Direct patient billing is available at CCLS when all the necessary demographic information is provided. Please submit these specimens with the proper information as explained in the Requests/Reporting section in General Information.

Medicare/Medicaid/Tricare Billing

We can submit claims to insurance programs only when we have reason to believe services are medically necessary. Therefore, we require a diagnosis code (ICD-10 code) or narrative diagnosis to document the medical necessity of each test requested.

According to the Office of Inspector General (OIG) and Health Care Financing Administration (HCFA), physicians and other providers should only order tests which they believe are medically necessary for patient diagnosis and treatment. Federally-funded programs may deny payment for tests which do not meet the program's medical necessity requirements.

We encourage physicians and other providers to reevaluate whether a particular test is necessary where Medicare guidelines prohibit payment given the patient's diagnosis. We request that physicians obtain a receipt of written notice (Advance Beneficiary Notice) advising the patient that Medicare and Medica/Medicare Replacement Plans are unlikely to pay for the service and to document the patient's agreement to bear resulting financial responsibility.