

Billing for Services Provided to Outreach Facilities



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Facility Billing

Facilities will receive a monthly statement indicating the procedure, patient's name, date of service, and fee for any testing requested to be billed back to the facility. All fees should be paid within 30 days to avoid additional late charges. Statements paid via credit card may be subject to an additional fee to cover the cost of that transaction.

A complete fee schedule will be provided upon request. The fees displayed are for hospital or clinic billing only. For payers or patients that we are asked to bill directly, Rice uses the CPT codes designated in the manual and charges a higher fee due to additional costs associated with billing the procedure. All tests, not otherwise specified, will be billed to your facility.

Fees for professional pathology services are billed separately by Minnesota Pathologists, Chartered. Technical components of pathology services will be billed to you by Rice Memorial Hospital Laboratory.

CPT Codes

CPT codes listed in the fee schedule are for reference only. It is each facility's responsibility to determine correct CPT codes to use for billing. The fee schedule and this manual list 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. **Rice Memorial Hospital Laboratory Services assumes no responsibility for billing errors due to reliance on CPT codes listed in this manual or the fee schedule.** For further reference, please consult the CPT Coding Manual published by the American Medical Association. If you have any questions, regarding the use of a code, please contact your local Medicare carrier.

Direct Patient Billing

Rice Laboratory will bill third party payers if requested to do so. Direct patient billing is available at Rice when all necessary demographic information is provided, including updated insurance information.

Rice will directly bill Medicare, Medicaid, or other government programs when required by the Federal Government. Please submit these specimens with proper information.

It is crucial the proper diagnosis codes are included for any insurance submission billings. This includes Medicare and Medicaid. If any test is deemed as medically unnecessary or not covered by the patient's third party payer, the requesting hospital or clinic is responsible for providing Rice Laboratory with appropriate information so that the patient can be billed (i.e. a completed, dated, and signed Advance Beneficiary Notice (ABN)). **If the facility does not provide the necessary information to properly bill the patient or the payer, Rice Laboratory will bill the facility for the testing.** Specialty testing charges where a specialty laboratory does not bill Medicare or Medicaid will be charged to the facility account.

Billing Information

To ensure accurate billing, the following information is required for every request submitted to Rice Laboratory:

1. Name of the submitting facility.
2. Date and time the specimen was collected.
3. Complete name of the patient.
4. Birth date of the patient.

5. Sex of the patient.
6. Name of the requesting physician.
7. Indication of whether the patient is an inpatient or outpatient at your facility.
8. Insurance information if Rice is to bill the patient directly.
 - a. Insurance company name and policy number
 - b. Patient address
 - c. Policy holder (subscriber) and subscriber date of birth
 - d. The financially responsible party (guarantor) or parent if the patient is a child
 - e. Medically necessary reason for the testing (diagnosis code) or ABN.
9. The secondary insurance information if patient has secondary insurance.

Whenever possible, a copy of the admission data you collect at your facility (i.e. a face sheet) can be sent with the requisition. This will help you in filling out the form, as well as expedite the billing process.

Billing Adjustments

A billing adjustment form is available on this site or can be obtained by calling Rice at 1-800-922-7423. This form can be used to receive credit for billing errors, change insurance information, or to submit additional insurance information.

SAGE – Minnesota Cancer Screening Program

Rice Laboratory is a provider/vendor of cytology and surgical pathology services for the Minnesota Breast and Cervical Cancer Control Program (MBCCCP). For the enrollees, this program can be in conjunction with any other payer such as Medicare, private insurance, etc., but NOT Medicaid. Since there is some complexity in billing for these services to insurance and/or MBCCCP, Rice Laboratory does not have the option to bill facilities for MBCCCP participants. Testing on specimens from participants identified as MBCCCP handled at Rice will be billed by Rice, even if there is other insurance. **It is extremely important that the patient does not receive a bill.**

Questions?

Please contact Rice Memorial Hospital Laboratory at 320-231-4500 or 1-800-922-7423.