

Policies – Rutland Regional Medical Center Laboratory

Billing

Please include the following required billing information at the time of the laboratory order: responsible party, patient's name, current address, zip code, phone number, date of birth, and diagnosis code. Also provide a copy of the insurance card front and back **OR** provide the insurance company name and billing address, subscriber name, policy number, and group number, if applicable. Providing this information will avoid additional correspondence to your office at some later date.

Billing—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 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; and where multiple codes are listed, you should select codes for tests actually performed on your specimen.

RUTLAND REGIONAL MEDICAL CENTER 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 use of a code, please contact your local Medicare carrier.

Compliance Policies

Rutland Regional Medical Center Laboratory is committed to compliance with applicable laws and regulations such as the Clinical Laboratory Improvement Amendments (CLIA). Regulatory agencies that oversee our compliance include, but are not limited to, the College of American Pathologists (CAP), the Centers for Medicare and Medicaid Services (CMS), the American Association of Blood Banks (AABB), the Joint Commission (TJC), the Food and Drug Administration (FDA), and the Department of Transportation (DOT). Rutland Regional Medical Center Laboratory develops, implements, and maintains policies, processes, and procedures throughout our organization which are designed to meet relevant requirements. It is Rutland Regional Medical Center's expectation that clients utilizing our services will ensure their compliance with patient

confidentiality, diagnosis coding, anti kick-back statutes, professional courtesy, CPT-4 coding, and other similar regulatory requirements.

Confidentiality of Results

Rutland Regional Medical Center Laboratory is committed to maintaining confidentiality of patient information to ensure Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliance for appropriate release of patient results.

HIPAA Compliance

Rutland Regional Medical Center Laboratory is fully committed to compliance with all privacy, security, and electronic transaction code requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Although Rutland Regional Medical Center Laboratory cannot assure that individual clients will meet their own responsibilities under HIPAA, we are committed to sharing information and coordinating efforts toward that goal. All services provided by Mayo Medical Laboratories that involve joint efforts will be done in a manner which enables our clients to be HIPAA compliant.

Proficiency Testing

We are a CAP-accredited, CLIA-licensed facility that voluntarily participates in interlaboratory and internal proficiency testing programs.

Interlaboratory proficiency testing includes participation in programs conducted by CAP and the Centers for Disease Control and Prevention (CDC) along with independent state, national, and international programs.

Reference Ranges

Reference ranges are influenced by the patient's age and sex, and are based on our regional population and published literature. Adult reference ranges are listed for procedures in this manual as applicable. Reference ranges specific to the patient's age, sex, and species are printed with each test report. Age-dependent reference ranges are calculated using the subject's date of birth and the date the specimen is logged in the laboratory computer.

When the patient's age and sex are provided on the requisition, results falling outside the reference range are designated with an "H" for abnormally high or an "L" for abnormally low. The letter "C" after the "H" or "L" is used for all critical values.

Specimen Labeling Policy

Patient safety and quality results are our greatest concern. Therefore, it is the policy of Rutland Regional Medical Center to ensure that all specimens submitted to the laboratory are properly identified. The following procedure is designed to ensure that patient specimens are properly identified at the time of collection, therefore ensuring the integrity of the system through the ordering, resulting, and billing processes.

Purpose

Define acceptable specimen identification for specimens received from outside sources: physician offices, visiting nurse association, satellite collection stations, etc. **This excludes Blood Bank specimens.** Please see “Blood Bank (Transfusion Services) in “General Information” for complete information.

Procedure

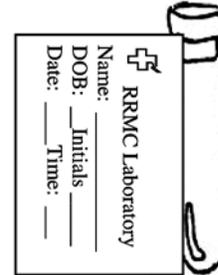
1. The patient is identified by last name, first name, and a second identifier, typically date of birth or Social Security number. Outpatients will be asked for their name, to spell their last name, and for their date of birth (or Social Security number).
2. The specimen is collected.
3. The specimen label is completed with the following information:
 - Correct spelling of patient’s first and last name (matching registration information).
 - Date of birth (DOB), Rutland Regional Medical Center medical record number, or Social Security number are also acceptable.
 - Date and time of collection.
 - Collector’s initials.
 - Microbiology specimens need the source on either the container or the requisition.

Example:

 RRMC Laboratory
Name: _____
DOB: _____ Initials of collector _____
Date: _____ Time: _____

4. The label is placed on the specimen firmly to avoid creases.
 - *Blood tubes*—Apply the label top to bottom placing the label at the rim below the stopper in a vertical fashion.

Example:



- Specimen containers (urine, stool, sputum, biopsies, etc.)
—Apply the label horizontally around the specimen container. Do not place the label on the lid as it may become separated from the container.

Example:

 RRMC Laboratory
Name: _____
DOB: _____ Initials of collector _____
Date: _____ Time: _____

- *Occult Blood Cards*—A completed identification label on an occult blood card is considered identified as long as **all** the information matches the requisition exactly.
 - *Pap Tests*:
 - ThinPrep® Pap test vials are pre-labeled. Using a No. 2 pencil or indelible ink pen, label with patient’s name, date of birth, and date of collection.
 - Conventional Pap Smears: On the frosted end of glass microscope slide, using a No. 2 pencil, label with patient’s name, date of birth, and date of collection.
- Note:** Ink pen will smear patient information if it comes in contact with liquid.
- Pap smears are to be placed in individual biohazard specimen bags with required Rutland Regional Medical Center “Cytology Requisition” (Supply #624).
5. Specimens are promptly submitted to the laboratory for analysis.
 6. Laboratory staff will match the appropriate requisition with the specimens received.

7. If a specimen does not meet the labeling requirement listed in this policy, refer to “Specimen Rejection” policy for specimens from outside offices.

Specimen Rejection

Patient safety and quality results are our greatest concern. Therefore, it is the policy of Rutland Regional Medical Center to ensure that the specimens being submitted to the laboratory have been properly collected, labeled, and transported.

Purpose

Define rejection guidelines for specimens coming into the laboratory from areas within the hospital as well as outside sources. Establish consistent practices within the laboratory for unacceptable specimens due to integrity and/or identification and ensure that the correct specimen has been analyzed while preventing unnecessary re-collections.

This excludes Blood Bank specimens. Please see “Blood Bank” “Specimen Labeling Policy” in “Special Instructions” for complete information.

Procedure

A rejected specimen is held for 2 business days after the floor/client/office is notified of the rejected specimen. Specimens should be kept in a stable environment for the intended test. For example, a specimen for urine culture would be kept at a different temperature than an occult blood if they are both rejected. Check with a technologist in the performing area of the laboratory of the rejected specimen for the temperature it should be stored. Rejected specimens will not be returned for label corrections. Rejected specimens will be kept as a source of reference when communicating with the physician’s office or offsite area that collected the specimen.

A “Laboratory Occurrence Report” must be completed on all rejected specimens, and these reports will be monitored for trends and dealt with accordingly. The clerk/phlebotomy staff will generate the occurrence reports for labeling errors, as it is the responsibility of the clerk/phlebotomy staff to ensure specimens are properly labeled prior to dispersal. The technical staff will generate the occurrence reports for specimen integrity issues, as it is the responsibility of the technical staff to ensure that specimens are valid for testing.

If the date/time collected is missing, it must be obtained from the original phlebotomist and, recorded on the specimen container. If the phlebotomist’s initials are missing, it must be obtained from original phlebotomist, and recorded on the specimen container.

Rejection Factors

The specimen rejection criteria are defined as follows. If the specimen in question is considered an invasive, unique, irretrievable, or difficult to obtain, such as spinal fluid, surgical specimen, aspirated body fluid, biopsy, or bronchial washings, see “Irretrievable Specimens” for proper protocol.

I. Rejection Criteria for Non-Special Means Collection (Blood, Urine, Feces, etc.)

Situation

1. Completely unlabeled specimen with no identification of any kind. (This includes unlabeled specimens that have a labeled requisition in the bag with the specimen or attached to the requisition.)
 - *Laboratory action*—Reject specimen, notify the appropriate floor/client/office, and document on occurrence report.
2. Misidentified specimen:
 - A specimen is received with 2 different patient labels.
 - Laboratory action: Reject specimen, notify the appropriate floor/client/office, and document on occurrence report.
3. Unlabeled/mislabeled specimen:
 - A specimen is received with a test requisition in the biohazard bag, but no identification of any kind is on the specimen itself.
 - Laboratory action: Reject specimen, notify the appropriate floor/client/office, and document on occurrence report.
 - A specimen is received in laboratory with a test requisition that does not match the specimen.
 - Laboratory action: Call the appropriate floor/client/office to determine if the specimen is properly labeled.
 - If the specimen is labeled correctly, discard requisition and request a new requisition.
 - If the requisition is correct but the specimen is incorrect, reject specimen, notify the appropriate floor/client/office, and document on occurrence report.
 - As a safety precaution, verify that there are no results in the computer for the specimen that is received.

- A specimen is received in the laboratory with a patient name but no second identifier.
 - Laboratory action: Call the appropriate floor/client/office to notify them that the specimen does not contain a second identifier.
 - If the floor/client/office personnel is not available to come to the laboratory, the specimen will be discarded.
 - If the floor/client/office personnel is available to come to the laboratory within a reasonable time frame to physically provide a second identifier, the specimen will be accepted following receipt of an appropriately-labeled specimen.
 - A specimen is received in the laboratory that has a minor labeling error.
 - The first name is a common nickname of the actual name (Bill vs. William) or has a minor spelling error.
 - Laboratory action: Call the appropriate floor/client/office and verify the information. If the information is verified, ask for a third identifier such as Social Security number. If the third identifier is verified, accept specimen. If the floor/client/office is unable to verify the information, reject specimen and document on occurrence report.
 - The date of birth has 1 error but is close enough to the correct date of birth that the likelihood is that the error is a clerical error.
 - Laboratory action: Call the appropriate floor/client/office and verify the date of birth. If the date of birth is verified, ask for a third identifier such as Social Security number. If the third identifier is verified, accept specimen. If the floor/client/office is unable to verify the date of birth, reject specimen and document on occurrence report.
4. The specimen and the requisition match exactly but the name does not match what is in the Hospital Information System.
- Laboratory action: Call the floor/client/office to determine cause for discrepancy. If the specimen and requisition received are both correct, DO NOT reject specimen. This is an internal Rutland Regional Medical Center issue that must be resolved through collaboration with the admitting department. Resolve issue, process specimen, and document on occurrence report.
5. The specimen has been collected in the wrong tube or a nurse-collected specimen has been submitted in an inappropriate container.
- Laboratory action: Reject specimen, notify the appropriate floor/client/office, and document on occurrence report.
6. A specimen is of obvious insufficient quantity for testing purposes.
- Laboratory action: Reject specimen, notify the appropriate floor/client/office, and document on occurrence report.
7. Leaking specimen:
- A leaking specimen is submitted to the laboratory.
 - Laboratory action: Accept the specimen if the quantity is sufficient for testing. Reject specimen if request is for culture due to probability of specimen contamination. Notify the appropriate floor/client/office and document on occurrence report.
 - A leaking specimen is received with the container lid off.
 - Laboratory action: Reject specimen, notify the appropriate floor/client/office, and document on occurrence report.
8. Potentially Hazardous Specimen
- A specimen has been submitted that poses potential health and safety hazards to laboratory personnel. This includes specimen submitted in broken blood culture bottles or in any externally contaminated container that cannot be safely handled with gloves.
 - Laboratory action: Reject specimen, notify the appropriate floor/client/office, and document on occurrence report.
9. Specimen Integrity
- A specimen has been submitted where the integrity is not acceptable for processing. Examples of this include hemolyzed specimens, specimens stored at an incorrect temperature, etc.

II. Irretrievable Specimens (spinal fluid, other body fluids, tissue, etc.)

- An irretrievable specimen, such as spinal fluid, surgical specimen, aspirated body fluid, biopsy, or bronchial washings (a special means collection specimen) is received into the laboratory that is mislabeled or unlabeled.

—Laboratory action: Notify the appropriate floor/client/office of the situation. Verify that the specimen is in fact not retrievable. If so, it is permissible to allow the staff from the appropriate floor/client/office to properly label the specimen provided they are willing to assume responsibility of resolving/correcting the error. The person who resolves the error must fill out and sign an “Accountability Form” (see below). Laboratory personnel will file this form with the patient order and complete an occurrence report.

III. Unacceptable Specimens

Some specimens cannot be analyzed because of improper collection or degradation in transit. Other specimens may have prolonged turnaround times because of lack of necessary ancillary specimens or patient information.

Criteria for Specimen Rejection

In order not to compromise the accuracy of results from our laboratory, we insist on proper collection, labeling, and handling of specimens. The failure to carry out these procedures as recommended may result in jeopardizing the integrity of the testing process or our ability to perform the test(s) requested.

Technical/Processing Errors

Specimens are sometimes unacceptable due to technical/processing errors such as:

- Clots in EDTA or Citrate:
—Most anticoagulated specimens require whole blood or plasma for analysis. A clot usually occurs due to inadequate mixing of the specimen immediately after collection. The clot formation can affect the level of the analytes that are intended to be measured. The clot may also prevent the blood from entering the instrument. This will drastically alter the actual results.

- Hemolysis:
—Red blood cells may be disrupted when drawing a blood specimen and cause hemolyzed plasma or serum. Such faintly pink to bright red (rather than straw-colored) plasma or serum may not be acceptable for testing. Grossly or moderately hemolyzed specimens may be rejected. The laboratory will contact you if we cannot perform a test on a hemolyzed specimen. If a test is performed on a hemolyzed specimen, a comment will appear on the report.

- Lipemia:
—Turbid, lipemic, or milky plasma or serum may be due to fatty substances in the blood. Bacterial contamination may also cause cloudy serum. For certain tests noted in the “Alphabetical Test Listing,” it is recommended that patients fast 12 to 16 hours before the specimen is drawn. Lipemia is elevated routinely, and excessively lipemic specimens may be refused or may be ultracentrifuged before analysis.

- Quantity not sufficient:
—If there is not the required volume submitted to complete the analysis, the test cannot be performed.

- Wrong specimen type:
—The correct specimen is crucial to accurate test results. All tests have been validated on specific sample types, collection devices, handling procedures and transport temperatures. To ensure that results are accurate, samples received that have not been collected within these requirements will not be used for analysis.

In such cases, the laboratory will contact the client that submitted the specimen to request a repeat specimen (if possible) or to explain the limitations on testing because of the technical error. In most cases, the test would be cancelled.



Laboratory Services

A Department of Rutland Regional Medical Center

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**ACCOUNTABILITY FORM
SPECIMEN IDENTIFICATION & WAIVER OF LIABILITY**

(TO BE USED FOR IRRETRIEVABLE SPECIMENS ONLY)

PATIENT NAME: _____

MRN/SSN/DOB: _____

SPECIMEN TYPE: _____

LOCATION: _____

REASON FOR EXCEPTION: _____

I ACCEPT FULL RESPONSIBILITY FOR HAVING COLLECTED AND CORRECTLY IDENTIFIED THE SPECIMEN DESCRIBED ABOVE:

COLLECTOR (PRINT NAME): _____

SIGNATURE: _____ DATE/TIME: _____

LAB PERSONNEL: I WILL DOCUMENT THIS EVENT AS PART OF THE PATIENT RECORD AND COMPLETE AN OCCURANCE REPORT. (FORM SHOULD BE FILED WITH PATIENT ORDER)

SIGNATURE of Lab Personnel: _____