



**Kalispell Regional  
Medical Center**  
KALISPELL REGIONAL HEALTHCARE  
**Laboratory Services**

## **General Information**

### **Additional Testing on Already Submitted Specimen (“Add-On” Tests)**

Additional tests may be requested on a previously submitted specimen if the specimen is appropriate and of sufficient volume. To add on a test, please call Kalispell Regional Medical Center (KRMC) Laboratory. The KRMC Laboratory staff will complete a “Kalispell Regional Medical Center Laboratories **Phone Orders**” form to be completed. This form is a written confirmation of the add-on order. Required information (test[s] requested, ICD-9/ICD-10 code[s] and ordering physician/NPP) must be included on the form. The form will be forwarded to your office for a provider signature. A provider signature is required by CMS and KRMC policy.

### **Billing**

KRMC Laboratory billing options are client bill (provider/ client is billed directly for services) or patient bill (KRMC Laboratory will bill patient insurance, Medicare, Medicaid, or the patient). When submitting billing information, KRMC Laboratory requests that complete and accurate billing information be included on the requisition.

#### ***Client Bill (Your Practice or Facility)***

Facility will receive an itemized invoice/statement which will include patient name, date of service, test name(s), and test charge. Payment terms are net 30 days. When making a payment, please include the invoice number on your check to ensure proper credit to your account. The following information is required on a test requisition for client billing:

- Patient first and last name
- Patient date of birth
- Patient gender
- Patient Social Security number (to allow KRMC Laboratory to record all encounters in 1 record)
- Ordering physician/provider
- Tests(s) requested

#### ***Patient Bill (Direct to Patient Insurance, Medicare, Medicaid, or Patient)***

KRMC Laboratory will directly bill your patient’s insurance, Medicare, Medicaid, or the patient **if you supply all required information**. (KRMC Laboratory reserves the right to bill the client directly for services in the absence of appropriate billing information.) The following information is required on a test requisition for patient billing:

- Patient first and last name
- Patient date of birth
- Patient gender
- Patient Social Security number (to allow KRMC Laboratory to record all encounters in 1 record)
- Patient address
- Responsible party for bill
- COMPLETE billing information. Include primary insurance company name, address, and policy number. Attach secondary information to the requisition.
- Ordering physician/provider
- Tests(s) requested
- ICD-9 diagnosis code(s)
- Properly executed ABN with requisition if/when indicated for LMRP or NCD test(s)

## Billing - CPT Code

It is your responsibility to determine the correct CPT codes to use for billing. While this catalog lists CPT codes in an effort to provide some guidance, the CPT codes listed only reflect our interpretation of CPT coding requirements. Particularly, in the case of a test involving several component tests, this catalog attempts to provide a comprehensive list of the CPT codes for all of the possible components of the test. Only a subset of the component tests may be performed on your specimen. Please verify the accuracy of the codes listed. When multiple codes are listed, select codes for the tests actually performed on your specimen. **KRMC Laboratory assumes no responsibility for billing errors due to reliance on the CPT codes listed in this catalog.** For further reference, please consult the CPT Coding Manual published by the American Medical Association. For questions regarding the use of a code, contact your local Medicare carrier.

## Blood Bank Specimen Labeling

All Blood Bank specimens that may be used for compatibility testing for transfusion of blood products must have the following information on the tube(s): patient's legal name, identification number, date and time of draw, and initials of phlebotomist. The laboratory will reject all incorrectly labeled specimens. For more information, see "Blood Banking (Transfusion Service)—Blood Transfusion Policies and Standard Practices" in "Special Instructions."

## Cancellation of Tests

Cancellation requests received prior to the performance of the analysis will be honored at no charge.

## Confidentiality of Results, Facsimile Policy

KRMC Laboratory strives to maintain the confidentiality of all patient information. We appreciate your assistance in helping our staff ensure the appropriate release of patient information and method of reporting for your facility. For many clients, KRMC Laboratory uses auto-faxing technology to send reports to client sites. **All laboratory results are protected health information.** It is your (client) responsibility to ensure that your fax machine is in a secure area, properly maintained, and that results are accessed only by appropriate staff. Please help protect your patient's privacy by immediately informing KRMC Laboratory of any change in your fax number or if you receive a fax in error.

## Infectious Material

The Centers for Disease Control (CDC) in its regulations of July 21, 1980, has listed organisms/diseases for which special packaging and labeling must be applied. Required special containers and packaging instructions can be obtained from us by using the "Request for Supplies" form.

Shipping regulations require that infectious substances affecting humans be shipped in a special manner. See "Infectious Material" in "Special Instructions." A copy of the regulations can be requested from the International Air Transport Association (IATA); they may be contacted by phone at 514-390-6770 or faxed at 514-874-2660.

## Informed Consent Certification

Submission of an order for any tests contained in this catalog performed by KRMC Laboratory constitutes the certification to KRMC Laboratory by the ordering physician that: (1) the ordering physician has obtained the "Informed Consent" of the subject patient as required by any applicable state or federal laws with respect to each test ordered; and (2) the ordering physician has obtained from the subject patient authorization permitting KRMC Laboratory to report the results of each test ordered directly to the ordering physician/client.

## Interfering Substances

The most common interfering substances are listed in the specimen requirement section of each test listing. If further information is required, call KRMC Laboratory at 406-752-1737.

## Mailed Reports Policy

At times clients may request that reports be mailed. As with faxed results, **all laboratory results are protected health information.** It is the recipient's responsibility to ensure that only appropriate staff has access to this information.

## Medical Director

Our medical staff is available for consultation about appropriate testing and interpretation of results. For information regarding the charging or coding of any test or panel, please refer to our test catalog or call KRMC Laboratory at 406-752-1737. We also welcome the opportunity to provide, upon request, additional information regarding our testing services and the manner in which the testing is billed to physicians, third party payers, and patients.

## **Orders for Laboratory Testing**

No laboratory procedure, except for premarital rubella, will be performed unless ordered by the patient's physician. Outpatient specimens received into the laboratory must have written orders which are signed by the physician, nurse practitioner, or their office staff. Inpatient orders are generated by nursing staff and ward clerks through the HIS computer order entry system. If the test cannot be ordered via computer, a paper requisition must be generated from the floor on a multi-disciplinary requisition (see "Requisitions" in "Special Instructions"). Phone order requisitions (see "Requisitions" in "Special Instructions") are used to document verbal orders when appropriate.

## **Patient Identification Accuracy**

For safe and effective patient care, KRMC Laboratory must adhere to proper identification of patient specimens. To be compliant with accrediting guidelines, it is important that each specimen be properly labeled with the same demographics that appear on the accompanying paperwork. All **Blood Bank specimens** that may be used for compatibility testing for transfusion of blood products must have the following information on the tube(s): patient's legal name, Blood Bank wristband identification number, date and time of collection, and initials of phlebotomist. The laboratory will reject all incorrectly labeled specimens. For more information, see "Blood Banking (Transfusion Service)—Blood Transfusion Policies and Standard Practices" in "Special Instructions." All **other specimens** shall be labeled with the patient's legal name, and a unique identification number (eg, patient's birth date, patient's health record number, Social Security number), date and time of collection, and initials of collector. (Two forms of patient identification are required by JACHO). Label must be placed on specimen container, not on BioHazard bag or on the removable lid of the container. Refer to "Specimen Rejection Policy" for further information

## **Radioactive Specimens**

Specimens from patients receiving radioactive tracers or material should be labeled as such. This radioactivity may invalidate the results of radio-immunoassays (RIA).

## **Reflex Testing**

A reflex test is a test that is performed by the laboratory based on results of another test. A test may elicit a reflex test at KRMC Laboratory when accrediting agencies (CAP, Federal, State) require it or when it is considered by KRMC Laboratory to be good laboratory practice. KRMC's test directory and other information inform clients, physicians, and NPPs of reflex tests.

## **Supplies**

Specimen vials, special specimen collection containers, sterile vials, stool containers, and shipping supplies are provided at no charge for testing sent/completed at KRMC Laboratory. The items may be ordered using the Laboratory Supplies Form. .

## **Test Requisitions**

KRMC Laboratory provides test requisitions. To assure timely testing and accurate billing, it is important to complete requisitions with all required information. See "Requisitions" in "Special Instructions" for examples of required requisitions.

## **Test Turnaround Time**

This catalog lists the days on which tests are performed as a guide to expected turnaround times. Circumstances may arise which could delay completion or reporting of test results.

Repeated tests require additional time. All in house testing normally has a 1 day turnaround time from the time of receipt.

## **Veterinary Specimens**

KRMC Laboratory offers veterinary laboratory services and welcomes veterinary and animal hospital testing.

## **Additional Information**

For additional information or questions about the contents of the KRMC Test Catalog, its use or purpose, or to make suggestions for improvement, please call the KRMC Laboratory at 406-752-1737

