Interfering Substances

The most common interfering substances are listed on the specimen requirement column of the test listing. A more comprehensive listing is available in Young DS: Effects of Drugs on Clinical Laboratory Tests. 4th edition. Washington DC, AACC Press, 1995.

Request Slips

Every specimen and its corresponding test should be documented on a request form with the exception of those facilities possessing a PC interface with Bellin Health Laboratory. For specific instructions on the information which must be forwarded to us for those facilities, refer to your training manual.

To avoid delays and errors, all written documentation should be legibly printed. Data entry of patient demographics and test requests are only as clear as the request form information presented to the laboratory.

Please be sure to note the name and/or mnemonic of your facility as well as the date on the top of each request form. Each facility is assigned a mnemonic in our computer system, account numbers are no longer used. If you would like to know your facility's mnemonic, please call our Customer Service Department at 920-433-3652 or 800-236-1639.

Following is a listing of the information needed to process specimens properly. The amount of information increases when Bellin Health Laboratory is asked to bill an entity other than the facility where the requisition originated. There are copies of each request form found in this section. For a supply of each form (which includes a carbonless copy), contact our Customer Service Department at 920-433-3652 or 800-236-1639.

- *Point of Service Patients*: Patients who are not Medicare (Part B only) or Medical Assistance eligible and the client would like the facility billed for services should be indicated as "Client Bill" on request forms. These tests are billed directly to your facility. The following required information may be either printed or typed:
  —Clinic name/mnemonic
  —Patient's **full** legal name
  —Patient's sex
  —Patient's date of birth
  —Patient's Social Security number (or last 4 digits)
  —Physician's **complete** name
  —Tests to be performed (1 test per line)
  —Specimen submitted (serum/plasma/culture site)
  —Collection date and time
  —Patient location or your identification
  —Comments

- *Medicare/Medical Assistance Patients*: Patients eligible for Medicare (Part B only), Medical Assistance, or to be billed to a third party payer should be indicated on the request forms as "Patient Bill". These patients are billed directly to the indicated payer as long as the required information is documented. Without **all** the information listed below, the specimens/reports/billing cannot be processed.

  Proper ICD-9 coding of these patients is important. If the proper code to support "medical necessity" for the test ordered is not included, these test charges are denied It is customary to follow the National Coverage Decisions (NCD) or Local Medical Review Policies (LMRP) for coding to be able to receive reimbursement. See the "Bellin Hospital Corporate Compliance Program—Clinical Laboratories Compliance Plan" for more information on the NCD or the LMRP.

  If the proper codes to support "medical necessity" are not submitted at the time of test request, the denied charges are billed back to your facility.

  For your convenience, Bellin Health Laboratory accepts a financial information sheet generated at your facility. Attach the information sheet to your requisition form. Be certain that **all** the following information is provided.
  —Clinic name/mnemonic
  —Patient's **full** legal name
  —Patient's sex
  —Patient's date of birth
  —Patient's Social Security number
  —Patient's address—including city, state, and zip code
  —Complete member and/or group number
  —ICD-9 code **See "Bellin Hospital Corporate Compliance Program—Clinical Laboratories Compliance Plan."
  —Physician's **complete** name
  —Tests to be performed (1 test per line)
  —Specimen submitted (serum/plasma/culture site)
  —Collection date and time
  —Patient location or your identification
  —Comments
- *Pathology/Cytology Patients*: Please complete the appropriate "Cytology Examination—Miscellaneous," "Pap Requisition," or "Tissue Examination Request—Surgical Pathology" as indicated in the test listing.

Attach to these forms the patient demographic, insurance, and diagnosis coding as indicated above.

Test Result Reporting

• *CPT Coding*: While this catalog lists CPT codes for available tests, the codes listed represent our interpretation of the coding requirements. Ultimately, it is your responsibility to determine which CPT codes your facility will use for billing purposes. Bellin Health Laboratory cannot assume responsibility for other facilities' billing errors based on the codes given in this manual. To help determine the proper codes and their use, refer to the CPT Coding Manual published by the American Medical Association or contact your local Medicare carrier.

• *Reporting Methods*: Test results are reported as soon as possible after the completion of the test. Timing varies according to the turnaround time required for each particular test. Refer to the individual test listings for the scheduled days that each test is performed.

• Tests that are requested to be completed STAT are telephoned, faxed, or printed in your facility as soon as results are available. Tests that reach the automatic call-back levels will be communicated to a responsible party as soon as possible. See "Automatic Call-Back Values for Bellin Health Laboratory."

We recognize that occasionally a test must be repeated when the results are not consistent with the physician's clinical impression. Please contact our Customer Service Department at 920-433-3652 or 800-236-1639 and explain the circumstances. The test can usually be repeated on the same specimen without additional charge. Confirmatory and follow-up testing on separate specimens are processed as a new request and charged accordingly.

• *Mailed Reports/Courier Delivery*: Those facilities with infrequent test requests will receive their reports by U.S. mail or courier delivery. The report will include all pertinent patient information, results, and reference values.

• *Electronic Interface*: Bellin Health Laboratory has interface links with some customers through our Laboratory Information System. These links provide a process for test requisitioning, specimen labeling, and on-demand access to test results.

• *Fax*: Many customers receive laboratory results via FAX machine. Reports are printed to your facility in batch form at certain predetermined intervals. These intervals can be updated to meet your facilities' needs.

• *Epidemiology/Reportable Disease Reporting*: Bellin Health Laboratory will report a message along with the test results for those tests which should be reported to the State Division of Health, Acute & Communicable Disease Epidemiology Section.

The State of Wisconsin requires that these cases be reported on particular forms, which you may obtain, by request. Please contact them at 608-267-9003.

Since Bellin Health Laboratory has limited demographic and little or no clinical information on the involved patient, it is the responsibility of the requesting facility to report these results.