

General Instructions and Policies

Billing

NetworkReferenceLab can bill directly to the client, which includes a physician, clinic, or to a patient/third party or private insurance. **NetworkReferenceLab** accepts assignment for Medicare and Medicaid.

Client/Physician/Clinic

Clients will be billed monthly by an itemized invoice that includes the date of service, patient ID number, patient's name, test performed, and the fee for each specimen processed during that month. Please remit payment upon receipt of the bill. Do not hesitate to call if you have any questions concerning your bill or payment of your bill.

Patient/Third Party/Private Insurance Billing

If the client does not wish to be billed directly an alternative method is for **NetworkReferenceLab** to bill the patient/third party directly. **NetworkReferenceLab** will file a claim on behalf of your patients with many insurance companies and managed care organizations. Copayments and deductible are billed as appropriate. Most insurance payments are made on a negotiated fee schedule where the fee is payment in full. In some cases, a percent of the fees are paid by insurance and the balance is the patients' responsibility.

Customer agrees to promptly provide **NetworkReferenceLab** with all necessary medical, demographic, and billing information, and any other necessary information to accomplish such billing collection of amounts due.

Please fill out patient information boxes with all necessary information.

Medicare Part B Billing

For services deemed medically necessary that are provided for customer's patients and billable to Medicare Part B or Medicaid, **NetworkReferenceLab** will bill Medicare Part B or Medicaid and bill patients for deductible and copays in accordance with federal regulations. For services deemed by Medicare to be medically unnecessary, the unpaid balance will be the responsibility of the patients or the patient's responsible party when submitted to Medicare with a signed Advance Beneficiary Notice.

Medicaid

Medicaid is state medical assistance for those who cannot afford their own health care. It is important to note that Medicaid can only be filed after all other third-party resources

have been exhausted. **NetworkReferenceLab** will bill Medicaid for testing performed for Medicaid patients.

Private Insurance

NetworkReferenceLab will file a claim on behalf of your patients with many insurance companies and managed care organizations.

PLEASE NOTE THE FOLLOWING!

It is imperative that the following information be included on the request form:

- Patient's complete name, gender, and date of birth
- Patient's complete address and phone number
- Social Security number
- Primary Care Physician (PCP) and ordering physician if not the PCP
- Billing party
- Copy of insurance card
- Medicare, Medicaid numbers or insurance group and ID number
- Insured name
- Employer
- Secondary Insurance Plan information
- **DIAGNOSIS** for **each** ordered test

It is mandatory that the client provide **NetworkReferenceLab** with all necessary medical, demographic, and billing information including the diagnosis for each ordered test and for each specific encounter, and any other necessary information to accomplish billing. If **NetworkReferenceLab** is unable to obtain payment from any third party, Medicare, Medicaid, or is required to return or repay amounts previously paid due to inadequate documentation or exclusive sole source arrangements, the client's failure to provide the information required or failure to direct the specimen to the correct laboratory and as a result of the client's failure to follow rules or regulations, **NetworkReferenceLab** will bill the client. It is the responsibility of the client to reimburse the laboratory for all such amount.

Please fill out the patient information, located in the upper right hand corner of the request form, with all necessary billing information. See example:

Patient Information: (I.D.#)	
PLEASE PRINT	
Patient's Last Name	First Name MI
Birthdate / /	Age Sex SS#
Address	
Patient's Phone # ()	PCP Room #
Name of Responsible Party (If Different From Patient) Last Name MI	
Address of Responsible Party	
Patient's Relationship To Responsible Party 1. Spouse 2. Son/da 3. Child 4. Other	
Ordering Physician (If other than PCP)	
Bill to: <input type="checkbox"/> Aetna PPO <input type="checkbox"/> Healthcare USA MC+ <input type="checkbox"/> Medicare <input type="checkbox"/> Alliance Blue Cross <input type="checkbox"/> Healthlink PPO <input type="checkbox"/> Mercy-Commercial <input type="checkbox"/> Alliance Choice Blue Cross <input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Patient <input type="checkbox"/> Healthlink BJC Employees <input type="checkbox"/> IDPA <input type="checkbox"/> Physician's Office <input type="checkbox"/> Gold, Silver, Bronze <input type="checkbox"/> Medicaid <input type="checkbox"/> United Health Care <input type="checkbox"/> First Health PPO <input type="checkbox"/> Other	
(PLEASE ATTACH COPY OF INSURANCE CARD)	
Medicare #	Primary Secondary Suffix
Medicaid #	State
Ins. Address	Group # Cert. #
Insured Name	Employer (Name or Number)
Insured SS# (If not patient)	Workers Comp <input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary Insurance Plan	

Client Response

When you call **NetworkReferenceLab**, caring and knowledgeable individuals in our call center will respond quickly and courteously to your requests.

Client Response will explain the specific procedures involved in the collection and transport of specimens and answer inquiries about the status of test results. Additionally, our team of pathologists and department supervisors are also available to answer any in depth questions you may have.

Confidentiality of Results

NetworkReferenceLab is committed to maintaining the confidentiality of patient information. To ensure Health Insurance and Portability Act of 1996 (HIPAA) compliance for the appropriate release of patient results, **NetworkReferenceLab** has adopted the following policies:

Phone Inquiry Policy: One of the following unique identifiers will be required:

- Accession ID number for specimen; **or**
- **NetworkReferenceLab** client account number; **or**
- Client accession ID number interfaced to **NetworkReferenceLab**; **or**

- Confirmation by client services that the calling individual, is in fact, the “referring/ordering physician” identified on the **NetworkReferenceLab** request form or computer record

Facsimile Policy: **NetworkReferenceLab** will only fax results to clients who have verified facsimile numbers in our records and are listed as the referring/ordering physician.

We appreciate your assistance in helping us preserve patient confidentiality. The provision of appropriate identifiers and fax verifications will greatly assist in the prompt and accurate response to result inquiries and reporting.

Hours

Our laboratory services are available 24 hours-a-day, 7 days-a-week. See **NetworkReferenceLab** Draw Sites for locations, specific days and hours of service.

Informed Consent Certification

Submission of an order for any tests contained in this catalog constitutes the certification to **NetworkReferenceLab** 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 **NetworkReferenceLab** to report the results of each test ordered directly to the ordering physician.

Labeling

NetworkReferenceLab must adhere to proper identification of patient specimens for good patient care, high-quality testing, and patient safety reasons. The College of American Pathologists (CAP) Laboratory General Checklist Commentary GEN 40700 requires the need for proper identification: “Specimens lacking proper identification or an accompanying request form should not be accepted by the laboratory.”

Physician Offices and NetworkReferenceLab Clients:

Patient’s legal first and last name, date of birth, date and time specimen collected, and collector’s ID or initials.

Inpatients:

Patient’s first and last name, medical record number, date and time specimen collected, and collector’s ID or initials.

Note: Specimens received that are improperly labeled will be handled according to the “Laboratory Specimen Acceptance/Rejection Criteria.”

Laboratory Specimen Acceptance/Rejection Criteria:

The integrity of specimens is a prerequisite to providing valid laboratory reports. Testing should never be performed on invalid specimens. Specimens generally are not acceptable due to the following:

- Unlabeled-no label on the specimen at all
- Mislabeled specimen: specimen received with 1 patient's name and orders with another patient's name **OR** 2 patient's names on the same specimen
- Specimen type wrong for test ordered (eg: plasma drawn when serum was required)
- Untimely specimen (eg: blood gas [ABG] drawn 6 hour previous to time of actual order)
- Poor specimen condition (eg: specimen is grossly hemolyzed or lipemic; ABG not placed in wet ice)
- Specimen not submitted in a well-constructed container with a secure lid to prevent leakage during transport
- Improper order (invalid physician's order)

The laboratory should document via the computer that the specimen was rejected and state the reason. It is important to immediately notify the appropriate nursing personnel, physician's office, or **NetworkReferenceLab** client that the specimen has been rejected, and state the reason for rejection. The notification should likewise be documented in an appropriate fashion in LIS, noting the name of the person to whom the information was given. An online incident report should be generated. The order should be cancelled and reordered on the correct patient if the mistake in labeling was caught after the results have been verified.

In order for the laboratory to accept unlabeled or improperly labeled specimens, the following criteria should be adhered to:

- The specimen must be of such a nature that it would be impossible to recollect or cause the patient undue pain, stress, or inconvenience.
- The person responsible for the error in labeling must come down to the laboratory and personally change the label. Off site clients will be faxed a copy of the "Specimen Processing Authorization Form" to be completed and returned. The Authorization Form must be signed.
- It will be documented on the patient report that the specimen was mislabeled "Specimen mislabeled, Nurse Jane Doe relabeled specimen" with date and time.
- If the technologist in the laboratory has any doubt about the specimen, they should explain the situation to the

section pathologist, who in turn will call the attending physician and decide if the specimen should be recollected.

- Under no circumstances will an unlabeled specimen be processed without specific approval from the section pathologist. The pathologist will be available for special/unusual circumstances when recollection is difficult or impossible. If on evenings or nights, contact the "on-call" pathologist. Document via LIS that, "The specimen was received in the laboratory but did not meet the labeling requirements of the Clinical Laboratories of Christian Hospital and pathologist authorization to label was obtained."

Each section pathologist will set their own criteria for rejection and acceptance of specimens. In cases where specimens submitted for tests are not appropriate and the physician insists that the laboratory perform the test, the pathologist in charge should personally contact the physician ordering the test. Proper documentation must be made in the computer. The pathologist will decide if the test is to be performed or not. Refer to "Specimen Collection Manual" or "Nursing Manual" for proper specimens.

Medicare Notice for Ordering Physicians

Advanced Beneficiary Notice (ABN)

Medicare will only pay for items and services it determines to be "reasonable and necessary" under section 1862(a)(1) of the Medicare law. If Medicare determines that a particular item or service, although it otherwise would be covered is "not reasonable and necessary" under the Medicare program standards, Medicare will deny payment for that item or service. Medicare does not pay for laboratory tests that "screen for abnormalities" or for "routine" laboratory tests. If you have reason to believe the tests you are ordering for this patient may be denied by Medicare, the patient must be informed and an Advanced Beneficiary Notice (ABN) must be signed.

Medical Necessity

Please provide ICD-9 codes for the tests ordered on the request form to document the medical necessity for these tests. Be careful when ordering panels or profiles to ensure the medical necessity of all tests contained within the panel or profile. The Balanced Budget Act of 1997 requires physicians to provide diagnostic information when ordering tests for which reimbursement from the Medicare program will be sought if that information is necessary for payment.

Panels and Profiles

NetworkReferenceLab utilizes Mayo Medical Laboratories for certain reference testing services. Many of the laboratory tests, panels, and profiles that Mayo Medical Laboratories performs for **NetworkReferenceLab** are identified and listed in the Alphabetical Test Listings. Mayo Medical Laboratories has established the Mayo Medical Laboratories tests, panels, and profiles in accordance with their policies and procedures. Any listed Mayo Medical Laboratories profile that contains multiple CPT codes should be treated as a profile for purposes of Medicare. Therefore, the ordering physician should order the profile only if all of its components are medically necessary for the particular patient. If all of the test components are not medically necessary, the physician should order only the necessary tests.

NetworkReferenceLab Draw Sites

- **Christian Hospital**
Main lobby - Registration area
1113 Dunn Road
St. Louis, MO 63136
Phone: 314-653-5303
Fax: 314-653-4153
Monday through Friday: 6:30 a.m. to 7 p.m.
Saturday: 7 a.m. to 3 p.m.
- **Graham Medical Center**
Office Building #2
1224 Graham Road, Suite 1109 (main floor)
Florissant, MO 63031
Phone: 314-953-6620
Fax: 314-953-6989
Monday through Friday: 9 a.m. to 5 p.m.
- **Northwest HealthCare**
Outpatient Laboratory
1225 Graham Road
Florissant, MO 63031
Phone: 314-953-6043
Fax: 314-953-6911
Monday through Friday: 7 a.m. to 7 p.m.
Saturday: 7:30 a.m. to 3:30 p.m.
- **Physician Office Building #1**
11155 Dunn Road, Suite 200N
St. Louis, MO 63136
Phone: 314-653-5089
Fax: 314-653-5812
Monday through Friday: 9 a.m. to 5 p.m.

- **Physician Office Building #2**

11125 Dunn Road, Suite 109
St. Louis, MO 63136
Phone: 314-653-4584
Fax: 314-653-4103
Monday through Friday: 9 a.m. to 5 p.m.

Phlebotomy can be made available on “as needed basis” during nonoperating hours by calling 314-653-4432.

Reference Values

All reference values listed are for adult normals at **NetworkReferenceLab** unless otherwise indicated.

Reporting

All test results can be reported in 1 of several ways:

- Delivery of results by our courier
- Direct on-line reporting through installation of printer terminal onsite
- Faxing
- Internet access
- Phone call by our client response

Most frequently requested tests are completed and reported within 24 hours following receipt of specimens.

Request Forms

Customer’s request form for services must be completely filled out for each of it’s patient’s, including proper demographic information, current billing, and diagnosis indicating medical necessity before any services will be performed.

Specimen Courier Service

Through our courier service, regularly scheduled pickups are planned Monday through Friday from 8 a.m. to 7 p.m. and Saturdays from 8 a.m. to 4 p.m. To schedule additional pickups in the area code 314, call 653-4455. If outside area code 314, call 800-533-7720.

Supplies

All specimen preparation, shipping supplies, and order forms are supplied by **NetworkReferenceLab** Customer Services. To reorder, call 314-653-4455 or complete the supply order form and send in with your courier for next-day delivery.

NetworkReferenceLab will provide and include as part of its charges for its services, certain necessary items, devices, or

supplies that are used solely to collect, transport, or process the specimens to be submitted to **NetworkReferenceLab** for testing. The necessity and appropriateness of the foregoing items, devices, and supplies shall be made by **NetworkReferenceLab** in its sole discretion.

Supply Order Form



NetworkReferenceLab

SUPPLY ORDER FORM
FAX NUMBER (313) 653 - 4404
OR
CALL (314) 653 - 4455

Account Name:	Date:
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Account Address:

Account Number:

<input checked="" type="checkbox"/>	Description	Quantity	<input checked="" type="checkbox"/>	Description	Quantity
	Vacutainer Tubes 100/Box			Forms	
	Lt Green W/Lithium Heparin (box)			Cytology (each)	
	Gold SST Gel 5mL (box)			Histology (each)	
	Red 10 mL (box)			Main Forms- Blood Tests/Micro (each)	
	Purple EDTA (box)			Network Chain of Custody Forms (each)	
	Light Blue W/Sodium Citrate (box)			Supply Order (each pad)	
	Royal Blue w/EDTA (each)			AFP Quadscreen Form	
	Royal Blue w/o additive (each)				
	Green w/Sodium Heparin (each)			Urine Containers	
	Gray w/Sodium Fluoride (each)			24 Hour Jugs (each)	
	Yellow ACD (each)			Screw Cap Jars (25/bag)	
				Vacutainer Boric Acid Tubes (each)	
	Plastic Transfer Tubes (each)				
				Stool Transport Kits	
	Poly Specimen Bags (pkg)			Fecal Occult Cards (each)	
				Ova & Parasites Para-Pack (each)	
	Needles 100/Box			Stool Culture Para-Pack (each)	
	21 gauge x 1" (box)				
	22 gauge x 1" (box)			Chlamydia / GC Testing Kits	
				Aptima genital amplified nucleic acid assay (each)	
	Vacuum Tubes Adaptors (each)			Aptima urin unisex amplified nucleic acid assay (each)	
	Plastic Pipettes (each)			Culturette Swabs	
				Red-Bacterial Aerobic (each)	
	Blood Culture Tubes			Blue-Bacterial Aerobic & Anaerobic (each)	
	Lytic/Anaerobic (each)				
	Plus Aerobic/F (each)			Viral, Mycoplasma, Chlamydia Culture Media	
	Cytology Supplies			Glucose Tolerance Beverages	
	Pump spray (each)			50 gram (each)	
	Slides (72/box)				
	Plastic 2 Slide Holder (25 pkg)			Toxicology Chain Drug Screen Kits	
	Cervical Brush (25 pkg)			Network Urine (each)	
	Cervical Spatula Plastic (25 pkg)			Network Urine/Blood (each)	
	Cervical Spatula Wood (25 pkg)				
	Thin Prep Specimen Containers				
	Thin Prep Plastic Spatula / Cyto Brush collection kit				
	Surgical Specimen Containers				
	30 mL prefilled formalin containers				
	Prostate Biopsy Kit 6 Vials				
	Prostate Biopsy Kit 12 Vials				