

# Billing and CPT Coding

## Outpatients

At registration, patients sign an assignment agreement for payment allowing Pathology Laboratory to bill their insurance carrier. Outpatients covered by federal health care programs may be asked to sign an Advanced Beneficiary Notice (ABN) for specific laboratory tests ordered by their physician, but not covered by the program. Insurance carriers will receive the CMS-1500 while patients will receive a summary of their charges. If the patient testing requires the services of a pathologist, the CMS-1500 insurance claim form will be submitted to the patient's insurance carrier for professional charges by the pathologists. Self-pay patients will receive bills directly from Pathology Laboratory.

## Referred Specimens

All beneficiaries of federal programs will be billed directly by the Laboratory. Other clients of physician offices and other businesses utilizing Laboratory services will be billed according to contractual arrangements. Where agreed upon, an itemized monthly statement will be sent to that office for payment of services which will indicate date of service, patient name, test name and charge. Insurance carriers will be billed as directed by the offices or businesses. Self-pay clients will be billed directly for services.

## Patient Billing

If you choose to have Pathology Laboratory bill your patients, please include the following necessary billing information on the requisition and/or a copy of the patient's insurance card.

- Patient's full legal name
- Patient's date of birth
- Patient's social security number
- Responsible party
- Current address with zip code
- Telephone number
- Insurance information to include:
  - Insurance Carrier
  - Subscriber name
  - Subscriber date of birth
  - Subscriber employer name
- Diagnosis Code (ICD-10 code)

Providing this information will avoid additional correspondence to your office at a later date. Please advise your patients that they will receive a bill for laboratory services from Pathology Laboratory.

Please note: if testing requires the services of a pathologist, the pathologists will bill the insurance carrier or client the additional fee, as directed.

## CPT Coding

It is your responsibility to determine the correct CPT codes to use for billing. While this service manual lists CPT codes to provide some guidance, they only represent Pathology Laboratory interpretation of coding requirements and are not necessarily correct. You should verify the accuracy of the codes listed and where multiple codes are listed, you should select the codes for the tests actually performed on your sample. **PATHOLOGY LABORATORY ASSUMES NO RESPONSIBILITY FOR BILLING ERRORS DUE TO RELIANCE ON THE CPT CODES LISTED IN THIS CATALOG.** For additional reference, see the CPT Coding Manual published by the American Medical Association, and if you have questions regarding the use of a code, contact your insurance carrier.

