

# PETERSON LABORATORY SERVICES, P.A.

## BILLING PROCEDURES

### CLIENT BILLING:

If you chose to have services billed to your account, select the box marked "account" in the "type of billing box." By doing so, we simply bill charges to your office. We will then send you an itemized statement at the end of each month. Statements include the following information:

- 1) Date of service
- 2) Patient name
- 3) Individual test(s) name(s), and
- 4) Individual test fee

Should you feel any item on the statement is incorrect or if you have any questions concerning your account, please feel free to contact the billing department. When making payment on your account, please return the top portion of the statement along with any corrections that need to be made.

### PATIENT BILLING:

If you choose to have us bill the patient directly, include the patient's name, address, zip code, social security number, telephone number and insurance information on the requisition. Please send a demographic sheet if available, and a copy of the insurance card (front and back). **If the subscriber is other than the patient, please include subscriber's date of birth.** If the patient is under 18 years of age, a responsible party's name is required. Providing us with the above information will avoid any follow-up from our billing office.

Please notify the patient that they will be receiving a statement from our office. Invite them to contact our office at 785-539-5363 or (800) 876-5522 if they have any questions.

### INSURANCE BILLING:

All requests for laboratory tests should be accompanied by a diagnosis that pertains to the reason why the lab test is being ordered.

**MEDICARE:** We are a Medicare participating provider; therefore, we must bill Medicare directly for any services performed by our laboratory.

**Diagnosis codes justifying medical necessity are required by Medicare for reimbursement of many laboratory tests.** Medicare patients should sign the *Advance Beneficiary Notice (ABN)* form when any laboratory work is ordered for *screening* purposes, or when a diagnosis code that does not justify medical necessity is being used. If there is any question of test coverage, have the patient sign the ABN.

**MEDICAID:** We are providers of Kansas and Nebraska Medicaid; therefore, we must bill Medicaid directly for any services performed by our laboratory.

**BLUE CROSS/BLUE SHIELD:** We are a provider of BC/BS of Kansas. If the BC/BS coverage is other than Kansas, the state must be specified. Please include an address where claims are to be sent.

**COMMERCIAL INSURANCE:** We file all commercial insurances, providing we have the appropriate information. However, if we are a non-participant in the plan; we do not accept assignment as payment in full. Send a copy of the front and back of the insurance card with complete address information.

### CPT CODING:

The CPT codes listed in this Manual are provided to you for informational purposes and included for your convenience. The application of codes varies from one insurance payer to another and in some instances is a matter of individual interpretation. The codes listed reflect our interpretation of the CPT coding requirements and may be subject to change at any time. **It is your responsibility to determine the correct CPT code to use for your billing.** For further reference, please consult the CPT Coding Manual published by the American Medical Association, and if you have questions regarding the use of a code, please contact your local insurance carrier.

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## REQUISITIONS

The following information is required when submitting a PLS request:

1. Patient first and last name
2. Sex
3. Date of birth
4. Social Security number
5. Patient telephone number
6. Physician name
7. Date and time of specimen collection
9. If patient is under 18 years of age, a responsible party name and party's date of birth is required
10. Responsible party relationship to patient
11. Address; city, state, and zip code
12. Select type of billing or insurance and include policy numbers, and policy holder name. Include a copy of the insurance card, front and back, as well as date of birth of subscriber.
13. Please include the ICD9 diagnosis code. Specimens will not be processed without this information
14. Medicare patients should sign the *Advance Beneficiary Notice (ABN)* when laboratory work is ordered for screening purposes, or when a diagnosis code that does not justify medical necessity is being used. If there is any question, have the patient sign the ABN.