

MHC Laboratories Billing Policies

Physician offices and providers submitting specimens and requisitions to Munson Healthcare Laboratories are responsible for providing complete and accurate patient demographics, insurance information, and patient waivers when applicable. Munson Healthcare Laboratories will bill all applicable charges for clinical testing and the technical components of anatomic pathology and cytology testing. When incomplete billing information is provided, testing may be performed; but there may be a delay in results reporting.

Corresponding professional fees for anatomic pathology and cytology and other clinical pathology interpretations will be billed separately. Insurances are billed only when complete information is provided. When complete information is not provided, the patient may be billed directly.

Billing questions can be made directly to the performing laboratory or the Patient Accounts Office at the corresponding affiliate hospital. For professional billing questions, contact the Laboratory Pathology Department.

The following information is required for billing:

Patient Information:

- Full Legal Name
- Date of Birth
- Address
- Phone Number
- Social Security Number (or last 4 digits)

Guarantor Information: *Person financially responsible for testing fees, required for <18 yrs of age.*

- Full Legal Name
- Date of Birth
- Address
- Phone Number
- Relationship to Patient

Insurance Information: *A photocopy (front & back) of all applicable insurance cards may be submitted*

- Insurance Name, Address, & Type
- Policy Holder Name
- Policy Holder Address
- Contract Plan & Group Numbers
- Policy Holder's Employer
- Relationship to Patient

Diagnosis Codes:

- ✓ ICD-10 diagnosis codes are **REQUIRED** for all laboratory tests. Providers are encouraged to order only tests that are medically necessary for diagnosis or treatment. Federal regulations require that all pertinent diagnosis must be supplied **by the ordering provider in writing or electronically**. Please provide the appropriate codes, listing the primary diagnosis first.
- ✓ A narrative description of presenting symptoms can also be submitted when the numerical code is unknown. If a diagnosis is not provided, the laboratory or Patient Accounts team will contact the ordering provider for this information.

Medicare Billing:

- ✓ Complete Medicare information is required. A copy of patient' insurance card or a printout from your practice management/billing system will help assure accurate billing. The hospital of the performing laboratory will bill Medicare.
- ✓ Medicare requires that when a test is ordered for which they have defined Local Coverage Determination (LCD), payment will be made for that test only when a payable diagnosis(es) from their approved LCD list is submitted. Some tests must also meet frequency requirements for payment to be made.
- ✓ When the diagnosis or frequency requirement is not met, the patient MUST be informed that payment may be denied by Medicare. The patient must sign an Advanced Beneficiary Notification (ABN) waiver form acknowledging that they were informed before the service was provided. For information on which tests require an ABN, how to correctly complete an ABN, or to order ABN forms, please contact your nearest hospital laboratory for assistance.

Medicaid Billing:

- ✓ Complete Medicaid information is required. A copy of patient's insurance card or a printout from your practice management/billing system will help assure accurate billing. The hospital of the performing laboratory will bill Medicaid.

Client Billing:

- ✓ The laboratory provides contract services with various healthcare providers. Client invoices are processed on a monthly basis with a 45-day payment term. For contractual client billing questions, please contact Client Services at the performing hospital laboratory.

Patient Billing:

- ✓ The hospital of the performing laboratory can bill patients directly. Complete information including current mailing address is required.

Third-party Billing:

- ✓ The hospital of the performing laboratory will bill third-party payers directly only when complete billing information is provided. A copy of the patient's current insurance card(s) or a printout of the practice management system will help assure accuracy and enrollment verification when this information is not provided on the requisition. Note: Patient inquiries regarding coverage should be directed to their insurance company handbook. Munson Healthcare Laboratories participate with all insurances.

Laboratory Price Transparency:

- ✓ The fees for specific tests are available upon request by calling the performing hospital laboratory, or by visiting our Munson Healthcare Chargemaster Information website page.
 - [Munson Healthcare Chargemaster Information](#)