

Client Billing Services

Direct Billing

Specialty will bill the hospital, reference laboratory, medical or clinical group. *Specialty* can bill patients directly provided all the necessary billing information (see requirements listed below) is supplied by the client within 30 days from the date of service; otherwise the client is responsible for payment of the total invoice.

If local or state requirements preclude providing the patient's name to ensure confidentiality, we will be unable to provide patient or third party billing.

Our Accounts Receivable and Billing Specialists, 800-421-7110 ext. 8: Client Collections; ext 5: Patient/Insurance Collections and ext 6: Government Collections, are available to answer questions and resolve any problems you may have. Any discrepancies in billing should be reported to Accounts Receivable and Billing immediately. All bills are due and payable upon receipt. The Federal I.D. number is 95-2961036.

Third Party Billing

Specialty will bill the patient's insurance company directly if the following information is provided:

- Patient's Full Name
- Patient's Address including City, State and Zip
- Patient's Date of Birth
- Patient's Sex
- Guarantor's (Insured) Name (if different from patient)
- Patient's relationship to Subscriber
- Insurance Carrier's Name
- Insurance Carrier's Address including City, State and Zip
- Guarantor's (Insured) Policy Number
- Guarantor's (Insured) Group Number
- Medicare/Medicaid Eligibility #, if applicable
- Proper ICD-9-CM Diagnosis Codes for test(s) ordered
- Ordering Physician's Name
- Ordering Physician UPIN, Medicaid Provider # and/or license #

Patients are responsible for yearly deductibles, co-payments and any balance not covered by the insurance company. If insurance payment is not received within 60 days, the patient is billed directly.

Medicare Billing (please note: hospitals may only send non-patient Medicare info)

If your patient has Medicare coverage, please send us complete information. *Specialty* will bill Medicare and accept assignment. Complete information must be entered on the *Specialty* Test Requisition Form at the time the specimen is submitted. *Specialty's* Medicare Provider number is #X059103. Please supply:

- Patient's Full Name (as it appears on the card)
- Patient's Current Address with Apartment Number and Zip Code
- Patient's Current Phone Number with Area Code
- Patient's Gender
- Patient's Date of Birth

- Medicare HIC # (9 numerics + 1 alpha suffix)
- Proper ICD-9-CM Diagnosis **Codes**
- Referring Physician's Name (First & Last)
- Referring Physician's UPIN (5 digits with alpha prefix)*

* This number must be included on *Specialty's* Test Requisition Forms at time of service.

Medicaid Billing

For those states in which *Specialty* is not enrolled, it is your responsibility to inform patients that they will be directly billed by Specialty Laboratories and will be solely responsible for the charges.

Specialty is currently enrolled in the following states and in Washington D.C.:

Alabama	Alaska	Arizona	Arkansas
California	Colorado	Connecticut	Florida
Georgia	Hawaii	Idaho	Illinois
Indiana	Iowa	Kansas	Kentucky
Louisiana	Maine	Maryland	Massachusetts
Michigan	Minnesota	Mississippi	Missouri
Montana	Nebraska	New Jersey	New Mexico
New York	North Carolina	North Dakota	Ohio
Oklahoma	Oregon	Pennsylvania	South Carolina
South Dakota	Texas	Utah	Virginia
Washington	West Virginia	Wisconsin	Wyoming

Medi-Cal (California)

Please include the same information listed above for Medicare, plus:

- Referring Physician's Complete Name (First, MI, Last) and Medi-Cal Provider Number
- AVES Eligibility
- Clear Photocopy of the Patient's BIC Card

All Medicaid tests require diagnosis for billing purposes. Please contact the Insurance Department, 800-421-7110, ext. 4, then press 2, for an enrollment update. *Specialty's* Medi-Cal Provider number is #LAB02586F.

Patient Billing

Specialty can bill the patient directly if complete billing information is provided on the *Specialty* Test Requisition Form or as an attachment to the requisition at the time the specimen is submitted. If you have arranged for *Specialty* to bill the patient directly, please advise the patient to expect a bill from Specialty Laboratories.

On *Specialty's* Test Requisition Form please include:

- Patient's Full Name
- Patient's Current Address with Apartment Number and Zip Code
- Patient's Current Phone Number with Area Code
- Guardian's (Responsible Party's) Full Name, Address and Phone Number

Specialty's Patient Statements are designed for direct submission to the patient's insurance company. The patient is solely responsible for the charges. Patient bills are due upon receipt.

Professional Courtesy

Federal and state regulations prohibit offering "professional courtesy testing"; therefore, we cannot honor requests for this service.

Changes in Methodologies and Fees

As scientific advances occur, *Specialty* may deem it necessary to add or change test methodologies or components. Methodologies and fees are subject to change without prior notification. *Specialty* will continue to do its best to inform clients of any changes, particularly with regard to reference range changes.

Tests Referred to Another Laboratory

Specialty charges a processing fee for all tests referred to another laboratory. For more information on test referrals, please contact our LORRA Department at extension 2552.

CPT Codes

CPT codes as listed in the Specialty Laboratories Directory of Services are provided only as guidance to assist you in billing. The CPT codes listed reflect our interpretation of CPT coding requirements only and are subject to change at any time. It is your responsibility to verify the accuracy of the codes listed and to assign values to each code based on the reimbursement for your area.

If you have any questions, please refer to your Current Procedural Terminology (CPT) manual published by the American Medical Association. To verify reimbursement or if you have questions regarding usage of a CPT code, please contact your local Medicare carrier.