

ACCREDITED

160 Allen Street, Rutland, VT 05701 802.747.1771 | 802.747.3631 fax | www.RRMC.org

# Billing

Please include the following required billing information at the time of the laboratory order: responsible party, patient's name, current address, zip code, phone number, date of birth, and diagnosis code. Also provide a copy of the insurance card front and back OR provide the insurance company name and billing address, subscriber name, policy number, and group number, if applicable. Providing this information will avoid additional correspondence to your office at some later date.

## Billing—CPT Coding

It is your responsibility to determine correct CPT codes to use for billing. While this catalog lists CPT codes to provide some guidance, CPT codes listed only reflect our interpretation of CPT coding requirements and are not necessarily correct. Particularly, in the case of a test involving several component tests, this catalog attempts to provide a comprehensive list of CPT codes for all of the possible components of the test. Only a subset of component tests may be performed on your specimen. You should verify accuracy of codes listed; and where multiple codes are listed, you should select codes for tests performed on your specimen. RUTLAND REGIONAL **MEDICAL CENTER ASSUMES NO RESPONSIBILITY FOR BILLING ERRORS DUE** TO RELIANCE ON CPT CODES LISTED IN THIS CATALOG. For further reference, please consult the CPT Coding Manual published by the American Medical Association; and if you have any questions regarding use of a code, please contact your local Medicare carrier.

## **Compliance Policies**

Rutland Regional Medical Center Laboratory is committed to compliance with applicable laws and regulations such as the Clinical Laboratory Improvement Amendments (CLIA). Regulatory agencies that oversee our compliance include, but are not limited to, the College of American Pathologists (CAP), the Centers for Medicare and Medicaid Services (CMS), the American Association of Blood Banks (AABB), the Joint Commission (TJC), the Food and Drug Administration (FDA), and the Department of Transportation (DOT). Rutland Regional Medical Center Laboratory develops, implements, and maintains policies, processes, and procedures throughout our organization which are designed to meet relevant requirements. It is Rutland Regional Medical Center's expectation that clients utilizing our services will ensure their compliance with patient confidentiality, diagnosis coding, anti kick-back statutes, professional courtesy, CPT-4 coding, and other similar regulatory requirements.

## **HIPAA Compliance**

Rutland Regional Medical Center Laboratory is fully committed to compliance with all privacy, security, and electronic transaction code requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Although Rutland Regional Medical Center Laboratory cannot assure that individual clients will meet their own responsibilities under HIPAA, we are committed to sharing information and coordinating efforts toward that goal. All services provided by Mayo Medical Laboratories that involve joint efforts will be done in a manner which enables our clients to be HIPAA compliant.

## **Proficiency Testing**

We are a CAP-accredited, CLIA-licensed facility that voluntarily participates in interlaboratory and internal proficiency testing programs. Interlaboratory proficiency testing includes participation in programs conducted by CAP and the Centers for Disease Control and Prevention (CDC) along with independent state, national, and international programs.

## **Reference Ranges**

Reference ranges are influenced by the patient's age and sex and are based on our regional population and published literature. Adult reference ranges are listed for procedures in this manual as applicable. Reference ranges specific to the patient's age, sex, and species are printed with each test report. Age-dependent reference ranges are calculated using the subject's date of birth and the date the specimen is logged in the laboratory computer. When the patient's age and sex are provided on the requisition, results falling outside the reference range are designated with an "H" for abnormally high or an "L" for abnormally low. The letter "C" after the "H" or "L" is used for all critical values.