

 <p>HAWAII HEALTH SYSTEMS CORPORATION <i>"Touching Lives Everyday"</i></p> <p>Policies and Procedures</p>	<p>Quality Through Compliance</p>	<p>Policy No.:</p> <p style="text-align: center;">FIN 0512</p>
		<p>Revision No.:</p> <p style="text-align: center;">N/A</p>
<p>Subject:</p> <p>Laboratory Specimen Collection Fee</p>	<p>Issued by:</p> <p>Corporate Compliance Committee</p>	<p>Effective Date:</p> <p>September 15, 2000</p>
	<p>Approved by:</p> <p>Thomas M. Driskill, Jr. President & CEO</p>	<p>Supersedes Policy:</p> <p style="text-align: center;">N/A</p>
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- I. **PURPOSE:** To bill and charge for specimen collection fees in accordance with the Medicare, Medicaid, and other federally funded payor requirements.
- II. **POLICY:** Only one venipuncture or catheterized urine specimen collection fee will be billed to federally funded programs per outpatient per date of service regardless of the number of specimens drawn. Additionally, there will be no charge for the collection of specimens when the cost is minimal, such as a throat culture or a routine capillary puncture for clotting or bleeding time. Venipunctures will not be charged for patients dialyzed in the facility as noted in the Special Considerations section.
- III. **PROCEDURE:** The following steps must be performed to make sure venipuncture (HCPC G0001) and catheterized urine specimen collection (P9612 or P9615) fees are billed in accordance with Medicare, Medicaid, and other federally funded programs. It is the responsibility of the Chief Financial Officer at each facility to assure adherence to this policy.

A. Implementation:

1. Laboratory personnel must review and make sure applicable revisions are made to the chargemaster and related laboratory and order entry masterfiles/dictionaries as follows:
 - a. Assign HCPC code G0001 for venipuncture and HCPC code P9612 or P9615 for catheterization urine collection procedures and attach revenue code 300 in accordance with the UB-92 Manual.
 - b. Remove automatic charge routines for venipuncture and catheterized urine collection procedures (e.g., charge explosion, automated order routines, etc.) unless the information system or manual control systems have the capability to edit those specimen collection procedures which are not actually performed in concurrence with a test. These procedures should only be ordered and charged when they are performed with a related test.

(Note: Electronic billing vendor edits will be established in Step 2 below to edit claims by payor and ensure only one specimen collection fee is billed per outpatient per date of service for federally funded payors.)

- c. Remove charges for specimen collection procedures in which the cost of collecting the specimen is minimal, such as a throat culture or a routine capillary puncture for clotting or bleeding time.
2. Edits in the electronic billing system which prevent more than one venipuncture or catheterized urine collection to be billed per outpatient per date of service for federally funded programs will be established and implemented.
3. Laboratory and business office personnel must educate all staff associates responsible for ordering, charging, or billing laboratory services on the contents of this policy.
4. Establish and implement mechanisms in order for business office personnel to identify intermediary interpretations which vary from the interpretations in this policy. Specific intermediary documentation related to the variance(s) must be obtained and faxed to the Regional Compliance Officer who would report to the Corporate Compliance Officer.

B. Daily:

1. It is recommended but not required that laboratory personnel review daily charge reports (e.g. Ancillary Charge Report, NPR charge reports, etc.) to ensure compliance with this policy as follows:
 - a. Only one specimen collection fee is charged per outpatient per date of service for federally funded programs.
 - b. Specimen collection fees must not be charged when the cost of collecting the specimen is minimal.
 - c. Venipunctures should not be charged for dialysis patients as noted in the Special Considerations section of this policy.
 - d. Any exceptions noted on the daily charge reports should be corrected on the individual patient accounts. This will ensure that the accounts receivable system remains updated with actual billing data.
2. Business office personnel must review electronic billing edit/error reports daily to make sure only one venipuncture or catheterized urine collection fee is billed per outpatient per date of service for federally funded payors. If more than one collection fee is present, the following should be performed:
 - a. Modify the number of units and related charges in the vendor system to reflect only one specimen collection fee.

- b. It is recommended but not required to modify the number of units and related charges in the Accounts Receivable system to match the corrected claim in electronic billing system.

(**Note:** Utilize ancillary charge codes rather than correcting claims with adjustment codes. Corrections made subsequent to final bill should be processed through the patient accounting system late charge cycles. This will guarantee that the accounts receivable system remains updated with actual billing data.)

C. Special Considerations: Special rules apply when venipuncture services are furnished to dialysis patients. The specimen collection fee is not separately payable for any patients dialyzed in the facility or for any patients dialyzed at home under reimbursement Method I. Payment for this service is included under the ESRD composite rate for separately billable laboratory tests as well as those included in the composite rate. Also, fees for taking specimens in the hospital setting, but outside of the dialysis unit, for use in performing laboratory tests not included in the ESRD composite rate may be paid separately. Fees for taking specimens from home dialysis patients who have elected reimbursement Method II may be paid separately, provided all other criteria for payment are met. This is applicable only to approved ESRD facilities or a hospital outpatient department that meets the conditions for coverage of Suppliers of End-Stage Renal Disease Services.

IV. DEFINITIONS: Encounter: Each date of service.