

DEPARTMENT: Regulatory Compliance Support	POLICY DESCRIPTION: BILLING - Outpatient Specimen Collection
PAGE: 1 of 2	REPLACES POLICY DATED: 1/16/98, 3/1/99, 8/1/01, 9/20/03, 1/1/05 (GOS.LAB.006), 3/6/06; 1/1/07, 1/1/08; 9/1/13; 2/1/17, 9/1/17, 1/1/18
EFFECTIVE DATE: February 1, 2024	REFERENCE NUMBER: REGS.LAB.006
APPROVED BY: Ethics and Compliance Policy Committee	

<p>SCOPE: All HCA Healthcare-affiliated facilities performing and/or billing specimen collection services. Specifically the following departments:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Admitting/Registration</td> <td style="width: 50%;">Laboratory</td> </tr> <tr> <td>Administration</td> <td>Shared Service Centers</td> </tr> <tr> <td>Revenue Integrity</td> <td>Ancillary/Nursing</td> </tr> </table>	Admitting/Registration	Laboratory	Administration	Shared Service Centers	Revenue Integrity	Ancillary/Nursing
Admitting/Registration	Laboratory					
Administration	Shared Service Centers					
Revenue Integrity	Ancillary/Nursing					
<p>PURPOSE: To establish guidelines for charging and billing specimen collection fees in accordance with Medicare, Medicaid, and other federally-funded payer requirements.</p>						
<p>POLICY: When performed by laboratory staff or other facility personnel acting within the scope of their licensure, only one venipuncture, specimen collection via capillary puncture or catheterized urine specimen collection fee will be billed to federally funded programs per outpatient episode of care regardless of the number of specimens obtained. An episode of care begins when a patient arrives at a facility for treatment and terminates when the patient leaves the facility. There will be no charge to federally-funded payers for the collection of specimens when the cost is minimal such as a throat culture or a routine capillary puncture (not for specimen collection) for clotting or bleeding time. Additionally, specimen collection fees will not be billed when the laboratory test provided does not meet medical necessity guidelines. However, if multiple tests are run from one specimen collected and the other tests are medically necessary, the specimen collection fee may be billed.</p>						
<p>PROCEDURE: The following steps must be performed when billing venipuncture, specimen collection via capillary puncture, and catheterized urine specimen collection fees to Medicare, Medicaid, and other federally-funded programs.</p> <p>IMPLEMENTATION</p> <ol style="list-style-type: none"> 1. Laboratory Director and Shared Service Centers (SSC) Chargemaster personnel must review and verify applicable entries are present in the facility chargemaster in accordance with the Company Standard Laboratory Chargemaster and appropriately tied to the related Laboratory and Order Entry masterfiles/dictionaries. 2. Laboratory Director to verify that automatic charge routines for venipuncture, specimen collection via capillary puncture, and catheterized urine collection procedures (e.g., charge explosion, automated order routines, Meditech Dictionary additional charge add-ons) are not present in your Health Information System (i.e., Meditech, Epic, Cerner, or Patient Accounting). 3. Specimen collection fees are not billed to federally funded payers for routine capillary punctures when the cost of collecting the specimen is minimal. For example, a specimen collection fee may not be charged or billed when performing routine capillary punctures for clotting or bleeding time or when glucose testing is performed via a point of care device. 						

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<p>4. Billing edits have been established to facilitate compliance with this policy which will prevent more than one venipuncture, specimen collection via capillary puncture, or catheterized urine collection from being billed per outpatient episode of care for federally-funded payers. Edits and affected claims will be periodically reviewed by Regulatory Compliance Support (Regs), Parallon and/or Shared Services Centers.</p> <p>5. If more than one collection fee is present, the number of units and related charges must be modified to reflect only one unit of the specific specimen collection fee. These charges must be written off as non-covered/non-allowable and may not be claimed as Medicare Bad Debt expenses.</p> <p>6. Laboratory Director and applicable Shared Service Center Directors must educate all staff responsible for ordering, charging, or billing laboratory services on the contents of this policy and the additional information and billing requirements for this policy in the HCA Laboratory Billing Compliance Plan.</p> <p>Special Considerations: Medicare’s End Stage Renal Disease (ESRD) consolidated billing rules provide for payment to ESRD dialysis facilities for all resources used in providing outpatient dialysis services, including ESRD related laboratory services. Specimen collection services that are provided to ESRD beneficiaries for ESRD related laboratory services are included in the Medicare ESRD PPS payment to the dialysis facility. Arrangements with the dialysis facility should include reimbursement for these ESRD related laboratory services.</p> <p>REFERENCES:</p> <ol style="list-style-type: none"> 1. Medicare Claims Processing Manual (CMS Pub. 100-4), Chapter 16, Sections 40.3, 60.1, 60.1.3 2. Clinical Laboratory Fee Schedule 3. American Medical Association, Current Procedural Terminology 4. Medicare Claims Processing Manual, (CMS Pub. 100-4), Chapter 2, Section 90.4 5. Medicare National Correct Coding Initiative Policy Manual 6. HCA Healthcare Laboratory Billing Compliance Plan
