

Part B Insider (Multispecialty) Coding Alert

Laboratory Billing: Watch Out for Carrier Review of Same-Day Lab/Office Charges

Your laboratory charges could be put under the microscope

If your physician sends out samples for analysis at an outside laboratory, you should be careful what you bill in the office on the same day.

Part B carrier Cahaba GBA said in its October 2003 Georgia Medicare bulletin that its medical review staff had analyzed claims by physicians for clinical laboratory CPT Codes and found a problem. Many physicians were billing clinical lab codes on the same date of service as an independent clinical lab.

If all the doctor is doing is collecting a specimen and sending it to a lab for tests, the doc should only bill for G0001 (Routine venipuncture for collection of specimen[s]), Cahaba insisted. Only the clinical lab should bill for the actual tests performed.

It could be that doctors have been incorrectly billing for in-office tests when all they did was a blood draw, coding experts say. But it's also possible the doctors are performing some tests in the office and then sending them out to a lab for other tests.

It shouldn't be a problem "if you do some of the tests in your office and the outside reference laboratory does some of the tests there," says **R.M. Stainton**, a physician and president of Doctor's Anatomic Pathology Service in Jonesboro, Ark. "That happens all the time."

As long as you're billing for different tests than the laboratory, with separate CPT codes, it shouldn't be a problem, says **Stan Werner**, administrative director of Peterson Clinical Laboratory in Manhattan, Kan.

But another coding expert says that if the physician office bills for a test that happens to be part of the panel that the lab bills for separately, this can spell trouble. The physician office staff may not realize that the panel the lab is performing includes that test.

One way around this problem is to make sure only the doctor bills Medicare for all tests performed in the office or the laboratory, says **Peggy Slagle**, manager of billing and compliance with the department of pathology and microbiology in the University of Nebraska Medical Center in Omaha. The laboratory can bill the physician directly for the tests it did, and then the physician office can use modifier -90 (Reference [outside] laboratory) to indicate which of the tests an outside laboratory performed.

"Whatever lab work they do in the office they would bill for, and whatever they send out they would either bill for with a modifier" or risk having the lab bill Medicare directly, Slagle says. But it really helps to have an agreement between the doctor's office and the lab for who's going to bill for what, so both parties don't bill for the exact same services.