



# AllZone Instructions

## Northern Pacific Diagnostics, LLC (NPD)

Miguel Montes, M.D.

Jeffery B. Walker, MD

✓ **Definition:**

The science of the causes and effects of diseases, especially the branch of medicine that deals with the laboratory examination of samples of body tissue for diagnostic or forensic purposes.

✓ **Registration:**

Patient demographics are received through interface with hospital. Patient account numbers are assigned in HealthPac using the Medical Record Number (MRN) assigned by the facility with "Z" added as prefix. Interface for demographics means that all of our accounts should be registered and ready for posting. In the event an account has not been registered, go ahead and register.

17:CY0411	Status: Signed Out	HAR: 100003615198	Admission Date:
Signout DTTM: 5/22/2017 12:59:00PM		Signed Out By: MONTES, MIGUEL A.	
Responsible: 1. MONTES, MIGUEL A.			
Patient name and address redacted	[200236755]	SSN and DOB redacted	57.00 F
Employer: OTHER	This is the patient's MRN and is assigned as account number to HealthPac with "Z" as prefix, e.g. Z200236755		Patient Phone # redacted

Pathology Charge Report Illustration.

**SPECIMEN NUMBER** 16:SP4260 Status: Signed Out Signout DTTM: 9/15/2016 12:28:00PM

**HAR #** HAR: 100002654375 **ADMIT DATE** Admission Date: 9/2/16  
**PROVIDER** Signed Out By: MONTES, MIGUEL A.

Responsible: 1. MONTES, MIGUEL A.

**PATIENT NAME, ADDRESS AND EMPLOYER**

**SSN & DOB** 518-31-2552 2/7/89 **SSN & DOB** 27.00 F

**HOME #**

**WORK #**

**PATIENT GUARANTOR**

**GUARANTOR HM #**

**GUARANTOR WK#**

**HEALTH INSURANCE INFORMATION**

**REFERRING** Authorizing Provider: MARTIN L MEINIG NPI: 1881799773 541-205-6890  
Ordering Department: SLM CASCADES **POS** Account Class: Inpatient **POS** Ordering Mode: Inpatient  
EAST FM

Specimen: 16:SP4260 A Placenta **SPECIMEN SOURCE** **DOS** 9/2/16 10:08  
**CPT CODE** CPT: 88300  
CHG SURG PATH,GROSS,LEVEL I

Charge: 32832939 Created: 9/15/16 12:28 Result Status: Final as of 9/15/16 12:28

Status: New **ORDER STATUS** Quantity: 1.00 **QUANTITY** Updated Last: 9/16/16 0:40

✓ **Charges:**

✓ **Specimen Number:**

- Enter specimen number in the ticket number field on the charge entry screen for every charge. Example: SP3632 (Omit colon (:), Never drop zeros)

✓ **Case Status:** Signed Out, Addendum, Amendment

❖ **Signed Out**

Billable Charges, Ready to bill

❖ **Addendum/Amendments**

Information has been attached or added to clarify, modify, or support the information in the original document. When an addendum appears on the pathology report, check HealthPac for charges. Verify CPT, Units & Specimen Number. If everything is an exact match, do not post and mark charges out on report. If charges have not been posted, then proceed with posting.

✓ **Sendout/Tech IHC –**

Any CPT code with Sendout/Tech (in red) is not billable. If you see more than one unit for a particular CPT code and Sendout/Tech marked, one or more of the additional units may be billable.

In the example below, only 88305 x 1 unit is billable.

Specimen: 16:SP0244 A	Chest	1/15/16 9:42
CHG SURG PATH LEVEL IV		CPT: 88305
Charge: 24147565	Created: 1/21/16 14:49	Result Status: Final as of 1/21/16 14:49
Status: New	Quantity: 1.00	Updated Last: 1/26/16 2:04
CHG IMHISTOCHEM/CYTCHM INIT ANTIBODY STAIN	Sendout/Tech IHC	CPT: 88342
Charge: 25607671	Created: 2/29/16 10:54	Result Status: Final as of 2/29/16 10:53
Status: New	Quantity: 1.00	Updated Last: 3/2/16 16:05
CHG IMHISTOCHEM/CYTCHM EA ADDL ANTIBODY S	Sendout/Tech IHC	CPT: 88341
Charge: 25607718	Created: 2/29/16 10:55	Result Status: Final as of 2/29/16 10:53
Status: New	Quantity: 12.00	Updated Last: 3/2/16 16:05

- ✓ **HAR**: Hospital Account Record. Not required in charge posting
- ✓ **Admission Date**: Use this date for all INPATIENT claims.
- ✓ **Signed Out By**: This is the provider of service.
- ✓ **Provider**:
  - MAM – Montes, Miguel A
  - JBW – Walker, Jeffrey B

#### **New Provider updates:**

**Allzone Clarification:** The NPD charge batch# 20190722-28-PATH (72 Pgs) received with following provider "GARRETT, WAYNE" for the entire charge batch. The below update was followed in the last year 2018. Please advise, shall we follow the same provider instruction (or) any changes for the year 2019?

- **WAYNE GARRETT** - Is covering for Dr Montes while he was on Vacation Please enter these as Dr Montes as the Provider and add modifier Q6.

**MMSS Response:** Yes, please proceed with posting charges per 2018 instruction.

Also, pathology charges for 08/19-08/25/19 are another week that Wayne Garrett covered for Dr. Montes. You will see that report in September.

- **ERICKA BEALS** - These need to be posted to queries so that we can determine the provider.
- **VAUGHN, ELLYNE** – All charges entered under Dr Montes Vaughn is Not a New provider. QR<Pathchg021119-021719-Requery-QUERYGrace

#### **PathChg021119-021719-REQUERY**

S No	Client Code	Batch Name	Batch Date	Pg#	Insurance	Account #	Patient Name	DOS	CPT	Amount Unposted	AZ Queries	MMSS Answers	AZ Queries
1	NPD	PathChg021119-021719	3/7/2019	8	I1	Z68430748	MACKEN, MARY ANN	01/31/19	88307 88329 88342 88341 88305	\$0.00	We have received new provider "VAUGHN, ELLYNE". However, the provider was not found in Hpac. Hence, charges entered with CPT "CHG" and DX	Marc Orlando, MD	Your response given as "Referring Provider". Hence, charges entered with provider "MAM" and suppressed. Please update the provider into Hpac. Thank you!

All charges entered under Dr Montes Vaughn is not a new provider

✓ **Referring Provider:**

Referring provider is the AUTHORIZING PROVIDER. This provider is required on all claims. Referring providers can be searched by name or NPI.

✓ **Location - Account Class:**

Determine the place

of service using the ORDERING DEPARTMENT and ACCOUNT CLASS from the charge report. Refer to chart below:

		<b>Account Class</b>	<b>HealthPac POS Code</b>
Ordering Department SLM MAIN OR	+	Hospital Outpatient Surgery	MWMO
Ordering Department SLM MAIN OR	+	Inpatient	MWMI
Ordering Department SLM PVDR ICU	+	Inpatient	MWMI
Ordering Department SLM PVDR OB	+	Inpatient	MWMI
Patient Location SLM CASCADES EAST LAB	+	Outpatient	MWMO
Patient Location SLM CTC LAB	+	Outpatient	MWMO
Patient Location SLM KMC LAB	+	Outpatient	MWMO
Patient Location SLM LABORATORY	+	Specimen	REF
Patient Location SLM ODS LAB	+	Outpatient	MWMO
Patient Location SLM OPI LAB	+	Outpatient	MWMO
Patient Location SLM OPI MAMMO IMG	+	Outpatient	MWMO
Patient Location SLM US IMG	+	Outpatient	MWMO
Patient Location SLM Washburn Annex Lab	+	Outpatient	MWMO
Submitter Chiloquin Open Door	+	Specimen	REF
Submitter Gregory Sindmack, MD	+	Specimen	REF
Submitter Heartfelt OBGYN	+	Specimen	REF
Submitter Klamath Open Door Family	+	Specimen	REF
Submitter Klamath Surgery Center	+	Specimen	KSC
Submitter South Cascade Surgery Center	+	Specimen	ASC

- SLM Generic Submitter requires review. This is used when the provider has not been loaded into the system.
- Patient Locations and Ordering Departments are within the hospital system.
- Submitters are providers outside the hospital system.

✓ **Date of Service:**

Date of service is the collection date. Do not use any other date. Collection date is located just above first listed CPT code.

✓ **Order Status:**

- Post only charges that say **NEW**

✓ **CPT updates:**

✓ **Quantity:**

- Number of units to bill for CPT code indicated on that line. There are a few things to consider when posting:
- Post codes with total units. For instance, the report may indicate 88305 x 5 on one line or it may list them separately. Refer to MUE posting instruction if you receive a posting alert during charge posting.

❖ **Quantity Examples:**

CHG M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIB		CPT: 88360 X 2
Charge: 42222733	Created: 6/15/17 10:11	Result Status: Final as of 6/15/17 10:11
Status: New	Quantity: 1.00	Updated Last: 6/16/17 0:09
Charge: 42222734	Created: 6/15/17 10:11	Result Status: Final as of 6/15/17 10:11
Status: New	Quantity: 1.00	Updated Last: 6/17/17 0:13
CHG SURG PATH,LEVEL V		CPT: 88307 X 1
Charge: 42222732	Created: 6/15/17 10:11	Result Status: Final as of 6/15/17 10:11
Status: New	Quantity: 1.00	Updated Last: 6/16/17 0:09
Specimen: 17:SP2446 A Colon, Cecum		6/7/17 12:17
CHG SURG PATH,LEVEL IV		CPT: 88305 X 2
Charge: 42196980	Created: 6/14/17 15:18	Result Status: Final as of 6/14/17 15:17
Status: New	Quantity: 1.00	Updated Last: 6/15/17 0:18
CHG SPECIAL STAINS,GROUP II		CPT: 88313
Charge: 42196981	Created: 6/14/17 15:18	Result Status: Final as of 6/14/17 15:17
Status: New	Quantity: 1.00	Updated Last: 6/15/17 0:18
Specimen: 17:SP2446 B Colon		6/7/17 12:21
CHG SURG PATH,LEVEL IV		<del>CPT: 88305</del>
Charge: 42196982	Created: 6/14/17 15:18	Result Status: Final as of 6/14/17 15:17
Status: New	Quantity: 1.00	Updated Last: 6/15/17 0:18

✓ **MUE Posting Instructions:**

Enter CPT code with one entry and units that meet the MUE limits. The units over and above the MUE limits is entered on a separate line and appended with XS modifier.

For example: 88305 x 15 units – Billed as [~~88305-26 x 12~~] and ~~88305-26XS x 3~~  
88305 X 12 and 88305-XS x 3

✓ **88141 Vs. G0141**

Whether G0141 or 88141 is billed is determined by the hospital coding. Generally, for all government payers, you will see the flip from 88141 to G0141. Please post the code that has been provided on the report.

**Example 1: G0141**

Order: 76796201      Authorizing Provider: LAWRENCE COHEN      NPI: 1871677641      541-274-6733  
 Patient Location: SLM LABORATORY      Account Class: Specimen      Ordering Mode: Outpatient  
 Specimen: 18:CC0109 A      Cervix      BILL ONLY G0141 X 1      1/16/18 16:58      R87.611  
 CHG CYTOPATH CERV/VAG INTERPRET      ~~CPT: 88141~~  
 Charge: 50018193      Created: 1/26/18 14:37      Result Status: Final as of 1/26/18 14:36  
 Status: New      Quantity: 1.00      Updated Last: 1/26/18 15:05

### Example 2: 88141

Order: 89791325      Authorizing Provider: JERRI L BRITSCH      NPI: 1124161104      541-882-4691  
 Patient Location: SLM LABORATORY      Account Class: Specimen      Ordering Mode: Outpatient  
 Specimen: 18:CC0114 A      Cervical/Endocervical      1/17/18 14:46      R87.610  
 CHG CYTOPATH CERV/VAG INTERPRET      CPT: 88141  
 Charge: 50018198      Created: 1/26/18 14:37      Result Status: Final as of 1/26/18 14:36  
 Status: New      Quantity: 1.00      Updated Last: 1/26/18 15:05

### ✓ NEVER BILL CPT CODES:

#### NEVER BILL THE FOLLOWING CPT CODES:

83013	87081	88175	88189	88271
83890	87624	88184	88233	88275
83896	87625	88185	88237	88280
83901	88142	88187	88262	P3000
83903	88164	88188	88264	G0145

*This list was verified on 07/17/12 – Do not bill*

### Modifiers:

- Modifier 26 is appended to all CPT codes (Healthpac has inbuilt setup for -26 modifier – Do not append -26 modifier manually from 03/27/18) except 88141, 85060, 85097, 86255, 86256, 86078, 88363, 88321, 88325, G0124, G0141 and 88329.
- **EDITS: 05/07/2019 - For Providence Health Plans Insurance 1040. 86255 and 86256 will automatically add the 26 Modifier based on response from Robin Solomon. They will pay these services but require modifier 26. As of 05/07/19 this is the only payer requiring the 26 modifier for 86255 and 86256 since all other recognize that the service is professional only by default.** We need to fine-tune our edit for lab codes with status indicator of 9. These codes are definitely an exception based on information on the Medicare Physician Fee Schedule. They are allowed with modifier 26 only, so they may be paid in a facility setting. I found a list of codes published by CMS that also are an exception to the status indicator "9" rule, not just 86255 and 86256, so I will update our edit for these codes as well as the others on that list. Tell the provider we appreciate this information. When I submit the correction, I will ask that any claims denied for this reason be reprocessed.



- Healthpac is setup to apply modifier -26 as it applies. **No need to key in modifier 26.**
- **When we received the following codes 88360, 88342 & 88341, please append “XU” [Medicare & Medicare HMO plans] (or) “59” [Commercial] modifier for 88342 and also 88341. The following is the correct way to modify this combination as,**

1. 88360
2. 88342-XU
3. 88341-XU [add on code]

Additional modifier guidance below:

85097	add -XS modifier if billed with 85060
88173	add -XS modifier if billed with 88172 or 88112
88300	add -XS modifier if billed with 88302-88309
88331	MUE is 11 units (Medicare). If max units are exceeded bill 88331 x 11 and additional units, on one line adding -XS modifier (88331-XS x5)
88342 & 88341	add -XU modifier if billed with 88365 & 88360 <b>[Medicare &amp; Medicare HMO plan] &amp; -59 modifier [Commercial insurance]</b>
88360	add -XS modifier if billed with 88361
88381	add -XS modifier if billed with 88363
88112	add -XS modifier if billed with 88173
88333	add -XS modifier if billed with 88331
88329	add -XS modifier if billed with 88331
88162	add -XS modifier if billed with 88305
88112	add -XS modifier if billed with 88162
88368	add -XS modifier if billed with 88367
88344	add -XS modifier if billed with 88342

**If same pathology codes are received with two different specimens, please use XS or 59 modifiers**

**Example Code: 88341**

**Acct# NPD.Z200357941 DOS 06/01/18**

We cannot group the units together on one line for different specimens. Therefore, XS or 59 would be appropriate. Pathology reports would support this if an appeal is required.

➤ **Insurance Plans:**

**Self pay/No Insurance/No Coverage – Query Not Queried**

When posting NPD charges if there is a notation in superbill [i.e. "No coverage on filer per EPIC" or "No Insurance" or "Self pay"] this means we have verified that the patient does not have insurance per registration. It is not necessary to query these charges, suppress charges or set financial class to BI. Account should be set to SP and patient billed.

✓ **Indian Health Plan:**

- Is always SECONDARY when listed with DMAP. When posting charges, you will need to remove it from the charge and only attach I3.

✓ **Medi-Cal (California Medicaid):**

- When “Partnership Healthplan of California” is indicated as the benefit plan, use Insurance Code “5”. This is a Medi-Cal Managed Care Plan and was effective 09/01/2013.
- Partnership Health Plan’s policy on pathology billing is that total units billing is not allowed. Each pathology service needs to be separately billed, line by line.

Eg: 88304 x 2 rather than 88304 x 1, 88304-59 x 1 as indicated on charges

Primary Insurance: <b>MEDI CAL</b> PO BOX 1499, COOS BAY, OR 97420		Benefit Plan: <b>PARTNERSHIP HEALTH PLAN OF NORTHERN CA</b> Group #      Subscriber # 91589934F4	
Order: 106115287	Authorizing Provider: David M. Souza DO	NPI: 1083920177	541-274-8650
Ordering Department: SLM MAIN OR	Account Class: Hospital Outpatient Surgery	Ordering Mode: Inpatient	
Specimen: 18:SP1036 A	Tonsil, Right	3/14/18 10:57	J35.1
CHG SURG PATH,LEVEL III		CPT: 88304	

  

For cases signed out from 3/12/2018 to 3/18/2018		382	Charges	164	Cases
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Charge: 51876443	Created: 3/16/18 17:32	Result Status: Final as of 3/16/18 17:32
Status: New	Quantity: 1.00	Updated Last: 3/16/18 18:05
Specimen: 18:SP1036 B	Tonsil, Left	3/14/18 10:58
CHG SURG PATH,LEVEL III		CPT: 88304 - 59
Charge: 51876485	Created: 3/16/18 17:33	Result Status: Final as of 3/16/18 17:32
Status: New	Quantity: 1.00	Updated Last: 3/16/18 18:05

✓ **TRICARE (I43):**

- Client is not contracted with TRICARE and claims are submitted unassigned. Payment is made directly to the member due to non-assignment.
- As a rule, non- contracted providers may balance bill the patient. This is not the case with TRICARE; we are only allowed to bill the patient 115% of the allowed amount unless they are active duty or other special status. For this reason adjustments will be taken. Refer to remittance advice for patient responsibility amounts. Use reason code “PAID” to indicate payment was made to the insured and verify balance is transferred to patient.



The only exception for accepting assignment is in the instances when TRICARE is secondary. The insurance plan code you will use depends on the priority, e.g. primary or secondary.

- ❖ **TRICARE is Primary:** Use insurance **code I43**. Claims will be submitted unassigned and payment will be made to the insured.
- ❖ **TRICARE is Secondary:** Use insurance **I43A**. Claims will be submitted assigned and payment will be made to the provider.
- ✓ **Tricare For Life:** Use insurance **code 1053**. Claims will be submitted assigned. If Medicare is primary, *you will always choose Tricare For Life (#1053) not Tricare (#I43 or #I43A)*
- ✓ **I2 Railroad Medicare:**

09/27/12 set override to send \_ in Box 32B CLIA.

➤ **Chamberlin Edmonds – Patient Insurance**

Patient is uninsured and should be entered as self pay. Sky Lakes enters this when the patient is receiving assistance in finding help with their bills which may include assistance with enrollment into OHP.

➤ **CONTRACTS**

- ❖ Sky Lakes, BCBS, First Choice Health Network, Lifewise, Medicare, PacificSource & Providence Health Plan, Medi-Cal, Partnership Healthplan and ODS.
- ✓ **VA Choice (I111) Query:-**

When there are VA Choice claims posted – Insurance plan: **I111**, **no** need to put on a query showing that “**VA Choice charges billed – Please upload Chart Notes Online**”.

➤ **Payments:**

United Healthcare-Tricare processes and sends the payment to the subscriber (the patient).

Please post as follows: Post allowed amount as the copay, zero payment, take adjustment and enter 'PAID' (Payment made to the subscriber) as the reason code. Make sure to leave in patient responsibility.

➤ **Batch date clarification for previous month batch date:**

This client's charges sometimes carry over through the first week of the next month. Okay to use the batch date given by biller. Also, always okay to send me an email asking about it. I have changed the batch date back to 04/30/18 and noted this at the top of the query for this charge batch as well.

**Insurance matching (Pathology Report vs. Healthpac (HL7 file))**

When posting pathology charges, please bill the insurance matching the pathology report. The HL7 file we receive from the facility includes all insurances of record with effective/term dates, however, the system assigns insurance plans a priority, e.g. Primary, Secondary, Tertiary, Other; regardless of term

dates. Please **inactivate insurance plans that will not be billed.**

## Canceled Case Posting Instruction (NPD)

Post canceled cases to NPD.949

Enter Case Number in Ticket Number Field

If available, use the date of service otherwise use entry date.

Charge Code: NC002

SLM AP Canceled Cases Last 3 Months				SKY LAKES MEDICAL		Page: 3
Run by OWENS (SUPPORT), BILLIE [28137]						Printed: 12/12/19 9:43 AM
Case	Date Created	Case Type	Laboratory	Req Patient/Source Name	Case Status	
Authorizing Provider		Cancelled By:	Reason For Cancellation	Cancellation Comments		
19:CY0341	04/26/2019	NON-GYN CYTOLOGY	SLM LABORATORY		Canceled	
Ronald T Barrett, MD		PINACHO, JESSICA [18572]	Wrong Specimen Source [228]			
		PINACHO, JESSICA [18572]				

*Report Example*

### *Posting Example*

( NPD ) 949	DUMMY, NPD	Balance: -336.44	Pt Owe: 0.00	InsDue: -336.44	ZZDue:0.00	xxx	12/30/2004								
FC: SP	Billed:01/07/2005 YC	Next:11/04/AGE: 14M	Prv:MAM MONTES MD, MIGUEL	Loc:REF PROVIDERS OFFIC	Ref:1198 MONTES, MIGUEL										
(1)		(4)		(7)											
(2)		(5)		(8)											
(3)		(6)		UnAppl: -336.44											
Ticket	CY0341	Precert*		Check		Pay Code*									
ICD 1-9	NONE	2	3	4	5	6	7	8	9	Custom					
From	Thru	Charge Code	Qty	Location	Provider	Supervisor	Ref'd By	Diag	Ins #	Charge	Pt. Due	Ins Due	Payment	Act	Cust
342619	042619	NC002	1	REF	MAM		3054	1		0.00	0.00				

## Hpac Eligibility Query

If Eligibility does not show in Hpac, PLEASE add in query for Insurance mismatch even if it is secondary payer. Only update the insurance information that was listed in the pathology report.

**\*\*\*Instamed Rejection – MODA, Patient not eligible. Per Path report, “Sky lakes” is the only payer. Transferred balance to patient\*\*\***

**If Signed out By: is blank please use provider Dr. Montes until further instruction received from doctor's office.**

## Insurance

If insurance coverage is not present, verify in EPIC that patient is self pay. If no insurance coverage is attached to encounter in EPIC, make a note on pathology report "SELF PAY, NO INSURANCE" (Make font large and all caps so it stands out for data entry.)

## Posting

Once pathology report is coded upload to eBridge. Assign batch to Biller: POSTING and Route to: ALLZONE

For several months now, Signed Out By: has been blank. Unless we have received information that Dr. Montes is on vacation and/or has another Pathologist covering, use MAM. Terry Bryant has been working on issue with no resolution as of 01/17/2022.

21:ANA0418 Status: Signed Out  
Signout DTTM: 11/23/2021 12:29:00PM

HAR: 100009853822  
Signed Out By:

Admission Date: