Northern Pacific Diagnostics, LLC (NPD)

Miguel Montes, M.D.
Sky Lakes Medical Center
2865 Daggett Avenue
Klamath Falls, OR 97601
(541) 882-6311

Modifiers & Place of Service

Modifier -26: Required on ALL CPT codes EXCEPT: 88141, 85060*, 86255, 86256, 86078, 88321, G0124, 85097, 88363, 88325, 88329

85060: Medicare limits reimbursement to hospital inpatients, as Medicare does not pay this code for outpatients. If service is provided to a hospital outpatient, the service is not reimbursable and must be adjusted.

Place of Service: CPT codes requiring REF POS**:** P3001, G0124, 86255, 86256, 88141, G0141

ANA TESTING, 86255 & 86256

Code R76.0 for a positive result.

NEGATIVE RESULT When is it ordered? The ANA test is ordered when someone shows signs and symptoms that are associated with a systemic autoimmune disorder. People with autoimmune disorders can have a variety of symptoms that are vague and non-specific and that change over time, progressively worsen, or alternate between periods of flare ups and remissions. Some examples of signs and symptoms include:

- Low-grade fever, Persistent fatigue, weakness, Arthritis-like pain in one or more joints, Red rash (for lupus, one resembling a butterfly across the nose and cheeks), Skin sensitivity to light, Hair loss, Muscle pain
- Numbness or tingling in the hands or feet
- Inflammation and damage to organs and tissues, including the kidneys, lungs, heart, lining of the heart, central nervous system, and blood vessels

Cellnetix

NPD-CellNetix-Process-Instructions

Cellnetix reports are emailed to Dr. Montes, At least weekly and most daily. Don't be alarmed if you don't receive a report everyday but do question if none are received during a week.

Registration

- Register account in the following format (Z+MRN)

Demographics are not included in interface. Sky Lakes Medical Center sends a weekly email with that information. Spreadsheet is downloaded to computer and uploaded to eBridge.

Charge Entry

- Provider: MAM
- POS: REF
- POST Billing Code
- No -26 Modifier

Insurance Plan Notes

Tribal Health Plans

Is always **SECONDARY** when listed with DMAP. When posting charges, you will need to remove it from the charge and only attach I3. It is never **PRIMARY** to any insurance.

Medicare - MUE denials

Medicare requires signed order of intent, progress notes and pathology report. If you do not have all these pieces do not submit an appeal. Contact laboratory to request documentation.

Tricare For Life

Use insurance code 1053. If Medicare is primary, ***you will always choose Tricare For Life (#1053) not Tricare (#I43 or #I43A)***

Partnership Healthplan (Managed Medi-Cal Plan) (California Medicaid)

NPD is enrolled with Partnership Healthplan of California effective 09/01/2013. Insurance code 5. If Medi-Cal is listed as insurance, verify on EPIC if it is to be Medi-Cal or Partnership. It should be listed as Partnership under Plan.

Partnership Healthplan requires CPT 88300-88309 to be billed separately. (88305-26, 88305-2659, 88305-2659). They will pay a QTY of (1) and deny the additional 88305-2659 lines as duplicates. When denied, submit CIF through PHP website. You will need to upload the pathology report.

Partnership Healthcare of California Instructions

Claims: Submitted electronically. If a paper claim is submitted, it requires an original signature. (Biller's signature and current date)

Timely Filing: 365 days from the date of service.

CIF (Claim Inquiry Form) Corrected claims must be submitted via a CIF, which can be done online. CIF must be filed withing six (6) months from the date of the denial.

Patient Demographics: Primary insurance Medi-Cal and group number is Partnership Healthplan of California, use Insurance Code 5.

Policy Number Format Policy number is a minimum of 8 numbers 1 alpha, e.g. 12345678A.

Medi-Cal (California Medicaid)

Provider is enrolled with Medi-Cal (#I20) only as an ORP provider (verified via phone on 04/08/2021) which means Dr. Montes can order and refer but not bill Medi-Cal. Any patients with Medi-Cal are to be setup as self pay.

https://files.medi-cal.ca.gov/pubsdoco/contact/docs/oos_faq.aspx#:~:text=To bill Medi%2DCal%2C a,they may bill the patient.

3. Does a provider have to enroll in Medi-Cal to bill Medi-Cal?

· Yes. To bill Medi-Cal, a provider **must** complete the appropriate enrollment forms. For questions on which forms to use, contact the Out-of-State Provider Unit at (916) 636-1960. If a provider chooses not to enroll, they **may** bill the patient. However, an enrolled Medi-Cal provider **cannot** bill a Medi-Cal-eligible patient for a covered service.

CONTRACTS

Sky Lakes, BCBS, First Choice Health Network, Lifewise, Medicare, PacificSource & Providence Health Plan, Partnership Healthplan and ODS, Triwest, VA.

As of 05/18/15 Cascade Comprehensive is EFT

Financial Hardship

Dr. Montes will provide a 50% discount for patient's that have a **valid financial hardship**. If a patient is unable to pay his bill and requests a discount due to a financial hardship, we may send out a financial hardship application. The application must be returned within 30 days. Discounts are not given simply because a discount is requested, financial hardship must be documented. Application is available in client folder. Note: If a patient had setup a payment plan previously without a discount and their circumstances have now changed, if approved, the 50% discount is applied to the remaining balance.

If patient satisfactorily completes the hardship application and returns it timely, a ***50% discount will be given and they have 6 months to pay the balance, interest free.*** The account is discounted, noted, hardship application is scanned to account, discount letter generated along with coupon book. Instructions below:

- Calculate and apply 50% discount using adjustment code PROF
- Divide patient balance by 6 for monthly payment amount
- Print payment coupons from Patient Services Menu Option R
- Print Discount Offer Letter from HealthPac (Discount Offer Letter (NPD))
- Note Account in both patient demographics and Alert. Use short cut comment codes: **NPD1, NPD2, NPD3, NPD4, NPD5. These shortcuts work only in patient demographics. Therefore, note there first and copy and past into alert.**
- Set Bill Status Code (Demo Screen) to **PP** and enter monthly payment amount
- Push Statement Cycle Date out to 5 days past expiration of discount offer.

If patient fails to meet the 6 month requirement to pay account in full, discount is rescinded.