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Lab bill process

7/18/2017 Lab bill process a04

1) If you get a lab "Explanation of Benefits" ("EOB") **do nothing**, still in process, no concern about credit rating.

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2) If you get a **bill** from your lab, the first step is to **call lab and get itemized explanation of bill**.

Record Date of Call:

Time of Call:

Agent's name:

Location of agent:

Bill has two parts: diagnostic codes ("ICD-10") and procedure codes (the actual tests, often called "CPT"s). The diagnostic codes are used to justify the procedure codes, so if some are not matching, or incorrectly entered, there will be a denial for that specific code. **It's best to get a complete set of diagnostic and procedure codes in order to proceed.**

a) If the bill is due to deductible or copays, it should be paid.

b) If the bill is due to a rejection or denial of a specific test or tests, **then make sure you get the specific procedure codes that were denied** BEFORE calling insurance (see step 3)..

c) if the bill is due to the lab having the wrong or incomplete **insurance information**, provide correct info for them to process.

d) **Ask the lab to extend the collection process to give time to appeal to the insurance company.**

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3) If a specific test or tests were denied, call the insurance company to find out why:

Record Date of Call:

Time of Call:

Agent's name:

Location of agent:

a) If they need additional justification, then bring/send ALL info to us.

b) If they say the lab is experimental or non-covered, ask about the appeal process (not guaranteed, but might be worth pursuing).

c) if copay or deductible, bill should be paid