American Clinical Laboratory Association

HIPAA TRANSACTION STANDARDS ALERT

Standard Patient Information Required
For Professional Claims For Laboratory Services

As you may know, the HIPAA Transaction and Code Sets Rule standardizes the format of electronic health care claims and requires all providers to submit these uniform claims for payment. As all sectors of the health care industry work together to implement the HIPAA standards this October, we are asking for your cooperation in providing the **additional patient data elements** now required by all insurers. Please refer your office staff to the following chart as they complete laboratory requisitions to ensure your office is providing the complete set of patient information required as part of the implementation of the HIPAA Transaction Standards.

Thank you for your cooperation during this time of great change in our industry!

REQUIRED BILLING INFORMATION on all claims:

- **Patient Name**
- **Insured's Identification #**
- **Patient Gender**
- **Patient Date of Birth**
- **Name and Address of Subscriber or Responsible Party**
- **Patient Relationship to Subscriber**
- **Diagnosis Code(s) for Date of Service***
- **Ordering Physician Name & UPIN/Provider #**

In addition to Required Billing Information, SITUATIONAL BILLING INFORMATION must be provided based on Individual Payor Requirements (not intended to be an inclusive list):

- **Group #**
- **Employer Name**
- **Accident Type**
- **Date of Injury**
- **Insurance Plan Name and Address**
- **Primary Care Physician Identification #**

***The highest level of specificity will be required by the majority of payors.**

1250 H Street, N.W. • Suite 880 • Washington, DC 20005 • (202) 637-9466 Fax: (202) 637-2050