BILLING INFORMATION

Fee Changes

Fees are subject to change without notification. Please call us for current pricing information.

Informed Consent Certification

Submission of an order for any tests contained in this catalog constitutes certification to Asante Laboratory Services by the ordering physician that:

1. Ordering physician has obtained "Informed Consent" of subject patient as required by any applicable state or federal laws with respect to each test ordered.
2. Ordering physician has obtained from subject patient authorization permitting Asante Laboratory Services to report results of each test ordered directly to ordering provider.

Institutional Billing Information

Services charged and billed to other institutions, such as clinics, doctor offices and hospitals, will be thirty-day accounts. Generally, these monthly bills are sent out by the 10th of each month. Payment is requested by the end of the month, but no later than thirty days from billing date. Accounts that are not paid in this time frame will be considered past due.

Medical necessity/Medicare coverage of laboratory testing

We comply with all Medicare and Medicaid requirements as outlined in our compliance plan. Medicare will only pay for tests that are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for tests which documentation, including the patient records, does not support that the tests were reasonable and necessary.

Medicare generally does not cover routine screening tests, except for certain specifically approved procedures, and may not pay for non-FDA approved tests or experimental tests, even if the provider considers the tests appropriate for the patient. If the tests ordered do not match with diagnoses for which Medicare will reimburse, the patient will be asked to sign an Advanced Beneficiary Notice accepting financial responsibility. ABNs are on a separate form and must be signed prior to collection of the sample. Additionally, the patient must be advised of which tests Medicare is likely to deny payment and the reason for denial. **We require that when you collect and submit the samples to Asante, you review for necessity and obtain an ABN when appropriate.** Please submit ABNs with test requisitions and patient samples. If you send the patient to us for sample collection, our staff will review the

necessity and obtain ABNs when needed. However, we encourage you to do this in your office prior to sending the patient to us for the following reasons:

- It may prevent the over utilization of lab services.
- You may be treating for other symptoms for which Medicare will provide payment.
- It gives you an opportunity to explain the reason that the tests are necessary even though Medicare will deny payment. Our lab collection staff may only tell the patient whether Medicare will deny the claim, not the reasons the tests are necessary.

If you require assistance in determining the necessity of any testing or proper use of ABNs, please contact us.

Medical necessity information including supporting diagnosis code information may also be obtained by accessing Medicare's National Coverage Database at:

cms.gov/medicare-coverage-database/search.aspx

or the Local Coverage Determination at:

med.noridianmedicare.com/web/jfb/policies/lcd/active

PATIENT BILLING INFORMATION

Clinical lab charges will be billed directly to the patient or to their insurance company unless other arrangements have been made (see Institutional Billing Information above). The patient **must** bring insurance information to the patient service center. If the ordering physician is obtaining the specimen in the office and the patient will not be delivering the specimen, billing information **must** accompany the lab requisition form. **Please provide a copy of the patient's insurance card and/or any pre-Authorization information (see Pre-Authorization below).**

The minimum information for billing includes all the following:

- Patient's legal name
- Address
- Phone number
- Date of birth
- Diagnostic information in ICD10 format
- Insurance company
- Insurance address
- Responsible party

Note: Requisitions for specimens submitted on Medicare/Medicaid patients must be reviewed by your office for Medical Necessity prior to being delivered (see Medical Necessity above).

Patient Information

If the specimen is going to be collected by us, the following information is required on the laboratory requisition:

- Patient's name
- Testing ordered
- Diagnostic information in ICD10 format

Please complete all information as indicated on the lab requisition form. Including all the information will prevent delays in handling and reporting results.

Pre-Authorization

An increasing number of insurance companies require that pre-authorization is obtained prior to ordering tests that use molecular technology. The number of tests that employ molecular technology is also increasing. If pre-authorization is not obtained, the insurance company will not reimburse us for the tests performed. It is the responsibility of the ordering provider or patient to obtain the required pre-authorization. Obtaining the required pre-authorization will prevent your patient being held responsible for the entire cost of testing.

Reportable Disease

We comply with laboratory reporting requirements for each state health department regarding reportable diseases. We report by fax, form, phone and electronically when available. Reports to the appropriate state health department are based upon the state listed in the client address.

CONTACT PHONE NUMBERS

Laboratory Billing Specialist: (541) 789-4593

Laboratory Outreach Manager: (541) 789-5140