	ANMED HEALTH DIRECTORY OF LABORATORY SERVICES: BILLING and INSURANCE INFORMATION	
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Billing


AnMed Health Laboratory Services will bill a hospital, clinic, group office, physician, veterinarian, or industrial client. Clients are billed on a monthly basis for activity. Payment is due upon receipt of the invoice. Any billing discrepancies found on the invoice should be reported to the Laboratory Billing Office within 30 days. The Billing Office can be reached at (864)512-1825 or (800)868-5877 ext. 1825.

AnMed Health Laboratory Services will bill patients or third party payors directly, provided that all necessary billing information is supplied at the time the specimen is submitted. The billing information needed includes:

- Patient's Legal Full Name (**nicknames should not be used**)
- Patient's Complete Mailing Address
- Patient's Social Security Number if available
- Patient's Date of Birth
- Guarantor's (Insured) Name if different than patient
- Insurance Company's name and address
- Guarantor's (Insured) Group Number
- Guarantor's (Insured) Policy Number
- ICD9/ICD10 CM Diagnosis Code or narrative
- Physician's Signature (must be signed by the physician, initialed by printed full name or an electronic signature)

AnMed Health Laboratory Services will bill Medicare, Medicaid, and Medicare/Medicaid Advantage Plans on behalf of the patient and will accept published reimbursement based on the current Clinical Laboratory Fee Schedule. Please submit the following information on Medicare/Medicaid patients:

- Patient's Legal Full Name (**nicknames should not be used**)
- Patient's Complete Mailing Address
- Patient's Social Security Number
- Patient's Date of Birth
- Patient's Medicare/Medicaid Number
- ICD9/ICD10 CM Diagnosis Code or narrative
- Physician's Signature (must be signed by the physician, initialed by printed full name or an electronic signature)
- Advanced Beneficiary Notice (ABN) if applicable

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Medical Necessity

The Centers for Medicare and Medicaid Services (CMS) has developed guidelines to be used by Medicare carriers and fiscal intermediaries in determining reimbursement for laboratory testing. Those guidelines may be national in nature, referred to as national coverage determinations (NCD's). They may also be local in nature, referred to as local coverage determinations (LCD's). They are periodically issued by the carrier and/or fiscal intermediary in advisories to providers. These guidelines specify those procedures for which review is necessary to establish medical necessity before the service is rendered to a beneficiary with subsequent notification to the beneficiary if medical necessity is not established.

The Medicare intermediary for AnMed Health Laboratory Services, an entity of AnMed Health is Palmetto Government Benefit Administrators (PGBA). The most current policies may also be found in the Medicare advisories or on the PGBA website (www.palmettogba.com).


With the passing of the Balanced Budget Act, physicians and non-physician practitioners are required to submit diagnostic information to a testing entity furnishing the service at the time the service is ordered if there is a coverage decision for that ordered service. The laboratory requests submission of the specific ICD9/IC10- CM code related to the procedure being ordered. All diagnosis information provided must be consistent with information found in the patient's medical record and chart in the physician's office for the date of service.

If a specimen is collected in the physician's or client's office and consequently sent to AnMed Health Laboratory Services for testing and Medicare is to be billed, it is the responsibility of the office or client to discuss medical necessity with the patient. If the test ordered is not deemed to be medically necessary, based on the coverage guidelines, it is the responsibility of the office or client to have an Advance Beneficiary Notice signed and dated by the patient prior to the specimen being collected. The Advance Beneficiary Notice is on the pre-printed laboratory requisition and is available on Atlas LabWorks. This information must accompany the specimen when sent to the laboratory.

CPT Codes

CPT codes are reviewed periodically by the laboratory. The CPT codes for testing procedures are available on request. Applicable codes are printed on the client invoice. Clients should refer to the complete current CPT manual published by the American Medical Association if any questions arise.

Managed Care Contracted Laboratory Testing

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AnMed Health Laboratory Services provides sample collection for defined laboratories that have exclusive contracts with various managed care organizations. Please contact Client Services at (800)868-5877 or (864)512-1816 for a current listing of established contracts.

It is the client's responsibility to complete the clinical requisition for other testing laboratories (for example; LabCorp (Laboratory Corporation of America) and LabOne). The office or patient must supply the laboratory with a copy of their insurance card at the time of service. AnMed Health Laboratory Services can provide the necessary phone numbers to obtain pre-printed requisitions for the above named laboratories. To obtain these contact numbers, please contact Client Services at (864)512-1816 or (800)868-5877.

STAT Orders will be accepted

Anytime a test needs to be performed STAT and the patient is covered by a Managed Care Organization that has an exclusive testing clause, it is the client's or physician office's responsibility to call the Managed Care Organization and get a pre-certification number for the STAT test to be performed by AnMed Health Laboratory Services. These companies will not give the lab a pre-certification number directly; it must come from the physician's office.

Medicare Secondary to Insurance

If the patient has Medicare secondary to a managed care plan that has an exclusive laboratory testing clause, these samples will be forwarded to the appropriate laboratory for testing. Again, the office will be responsible for completing the correct laboratory form.

Medicare Primary, Insurance Secondary

If the patient has Medicare as their primary coverage and a secondary coverage policy with a managed care plan that has an exclusive laboratory testing clause, the samples will be performed by AnMed Health Laboratory Services.

Professional Courtesy

AnMed Health Laboratory Services is prohibited by federal and state guidelines from offering "professional courtesy" for tests ordered. Any requests for "professional courtesy" will be billed to the office or client's account.