NCF | Diagnostics & DNA Technologies

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P: 352-375-5553 | F: 888-972-4494
www.NCFDNA.com

NCF DNA Patient Billing Information Sheet

Physician Sheet

NCF Diagnostics & DNA Technologies ("NCF DNA") is a high-complexity molecular diagnostics laboratory. ***NCF DNA testing can yield 99 percent accurate results within 24 hours for our pathogen tests. Results for our 134-cancer gene panel are back within 14 days.*** Our faster turn-around times provides more accurate treatment reducing life loss.

I. **DOCUMENTATION:** NCF DNA requires the following information:

A. NCF DNA "Requisition" form - may be either written or online w/Truemed (faster). The information provided is in compliance with HIPAA and PHI requirements and in accordance CMS guidelines[1].

1) Complete patient demographic information
   a. patient's full legal name
   b. date of birth (DOB),
   c. gender
   d. current complete address
   e. patient email address for credit card processing
2) Complete insurance information to process claims. You can bypass this entry by uploading CLEAR copies of patient's insurance cards (front and back) in Truemed.
   a. plan name
   b. plan type
   c. member ID
   d. group ID
   e. effective date
   f. claims address
   g. insurance phone number
3) **Valid Order**[2]
   The pre-printed lab 'requisition'[3] is the tool used to communicate the physician order to the laboratory. The 2011 Medicare Physician Fee Schedule (MPFS) final rule states that CMS believes that the requisitions and orders are two different documents; however, **a signed requisition can serve as an order[3]**.
   a. "Order" must include
      i. patient diagnosis (indicating the medical necessity for testing)
      ii. **LEGIBLE physician signature[4]** (as we do not have the signed medical records)
         i. If signature is not legible it must be accompanied by a clearly written/typed name
      iii. date of collection
      iv. identifying the test/panel requested.

   If NCF DNA receives an order without any diagnosis information or is unable to bill for testing performed because the diagnosis supplied doesn't meet medical-necessity requirements, we will attempt to contact the ordering provider to gather additional information that may have been documented in the patient's chart but wasn't noted on the original lab requisition. It is illegal to code solely for reimbursement purposes. NCF DNA may not assign diagnosis information.

B. **Medical Records** are often required for pre-authorization for some commercial plans, in these cases we will request the medical records before processing the samples. For other commercial plans medical records are requested AFTER billing, in those instances **we are asking your office to submit a copy of the appropriate medical record within 3 business days of collection date for COMMERCIAL plans**. Most **commercial payors** require medical records which may include any/all chart documentation (including physician signature) that reflects and supports the authenticity, intent-to-order, and medical necessity of any/all lab tests indicated on the requisition(s) submitted.

C. Properly labeled Specimen[5].
Should a *sample not be properly identified by the physician's office it will be discarded* as NCF DNA cannot validate the integrity of the sample or the donor.

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1) Sample is **REQUIRED** to have **two patient identifiers**.
2) Practice must follow sample kit insert collection directions when collecting sample.

D. Ordering physicians must have a valid NPI# (National Provider Identifier) and be registered with PECOS[6] (Provider Enrollment, Chain and Ownership System). All Medicare & certain Medicare Advantage requires registration through NPPES or PECOS, if a claim denied the laboratory could charge back the cost of procedure to the physician.

1) National Provider Identifier (NPI#)[5], available via https://nppes.cms.hhs.gov/NPPES/Welcome.do
2) In addition, as of 2014, Medicare requires individuals referring orders for laboratory services must be registered in the PECOS. Eligible providers have the option of either enrolling, or officially 'opting-out' – and MUST do one or the other. Additional information on PECOS and how to enroll, or how to OPT-OUT, may be viewed at: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MEDEnroll_PECOS_PhysNonPhys_FactSheet_ICN903764.pdf
IMPORTANT EXCEPTION: Naturopathic Physicians (ND's) and Chiropractic Physicians (DC's) are NOT permitted to opt-out or enroll in Medicare, and thus cannot order/refer any lab testing for any patient with Original Medicare & certain Medicare Advantage plans.
3) **Acceptable signatures**[7] can only be accepted from actively licensed practitioners (physician, nurse practitioner, or clinical nurse specialist of laboratory results)

E. Assignment of Benefits (AOB)[8] is to be maintained by physician practice with signature on file. If unable to produce a signed copy during any insurance or government regulated audit, the laboratory could charge back the cost of procedure to the physician.

II. COVERAGE

Laboratory costs are processed under the MEDICAL plan. NCF DNA is always updating our list of contracted payors, but many ***commercial*** plans still consider us **OUT OF NETWORK**. As of 3/18/19, NCFDNA has among its contracted payors, Medicare, Medicaid (in 32 states) and pending commercial applications for Aetna, Tricare, Humana. Coverage determination is usually the responsibility of the ordering physician; however, if the practice utilized NCF DNA Truemed software to enter the requisition on day of the collection and/or prior to shipping sample to the laboratory NCF DNA will contact the insurance to obtain coverage information and will let the ordering physician know if there are any coverage issues such as: no coverage, prior prior authorization requirements, and OUT OF NETWORK benefits.

A. Pre-Authorization

Insurance payors continue to restrict access by requiring pre-authorization for certain lab tests, including but certainly not limited to any molecular diagnostic testing. If preauthorization is required but is not done by the ordering provider prior to submission, the laboratory may delay or suspend processing until the required authorization can be completed. If physician follows the Truemed protocol and submits requisition 1 day before sample received at laboratory_____________.

B. Billing

Please choose from one of our trademarked diagnostic panels. If there is a specific test not listed, please contact NCF DNA billing department to assure coverage.

1) If you determine the requested test is NOT medically-necessary; it must be billed directly to the patient. Document the request in the medical record and inform them that all charges are patient liability. Provide a separate order for this testing, indicate "PATIENT REQUESTED" next to the test(s) on the requisition.
2) **Supplies** required for the collection of specimens sent to our laboratory will be provided upon request. Due to Stark II/Anti-Kickback statutes, supply volumes must reasonably match volumes of testing received[10].

3) **MEDICARE** NCF DNA will not knowingly bill Medicare for tests that are non-covered, unreasonable and/or unnecessary. If a 'non-covered' diagnosis is used, the patient must be notified of their financial liability prior to specimen collection and given the opportunity to sign the **Advanced Beneficiary Notice (ABN)[9] at time of**

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sample collection. The signed and completed requisition, along with the original ABN must be attached to the original lab order prior to specimen submission. Per Medicare rules, requesting the ABN on all Medicare beneficiaries is considered an unacceptable practice. Copies of the customized NCF DNA Advance Beneficiary Notice (ABN) may be ordered along with other supplies and is also printable from our website.

4) Here is the Medicare 2019 CPT4 and HCPCS Codes subject to CLIA Edits **approved** laboratory coding. https://www.cms.gov/regulations-and-guidance/legislation/clia/downloads/subjecttoclia.pdf

C. Collections

Like your practice we have a legal responsibility to attempt to collect all deductibles and coinsurance in a uniform manner. NCF DNA will never prohibit testing based on a patient's inability to pay as we offer several options of payment that can be discussed to reduce the financial burden by calling 352-375-5533.

1) Most health coverage includes a co-payment, a deductible amount and/or coinsurance and will be **collected after** billing services.
   a. If a patient does not wish to have their claims filed to their health care plan, NCF DNA must have a signed and dated written request not to file their health care claims.
   b. **For Medicare**: No money can be collected at the time of service unless there is a co-payment and/or deductible amount stated on the ID card.
2) NCF DNA does not balance bill and accepts the insurances' allowable amount as payment in full. The patient/guardian is only responsible for their deductible, coinsurance and copays for in or out of network.
3) If the *services are non-covered*, the financial responsibility is provided to patient to make payment arrangements.
4) **NCF DNA *cannot waive, reduce or discount any co-payments, deductibles or co-insurances in compliance with all state and federal laws* absent true financial hardship that is properly documented.**
5) Statements are sent monthly by the 10th of every month for the previous month.
6) Full payment is due within 30 days of payment from the insurance provider. We accept payment by check, VISA, Mastercard, Amex, Discover.
7) Patient responsibility not paid in full within 180 days of notification may be subject to collections terms.

For questions, please contact our Patient Billing Department at 352-375-5333. Patients have the right to dispute payments made to the laboratory and any patient responsibility with your insurance company; as it is NOT determined by the laboratory.

NCF DNA polices regarding Patient Rights & Responsibilities, PHI, are available on our website: http://www.ncfdna.com/.

Footnotes:
1 CMS MLN Complying with Documentation Requirements for Laboratory Services (August 2018) https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/LabServices-ICN909221-Text-Only.pdf
2 CMS Ch 15 80.6.1 Definitions-Order (rev. 256 2/1/19) **https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf**
3 OIG Model Compliance Plan for Clinical Laboratories 2. Medical Necessity https://oig.hhs.gov/fraud/docs/complianceguidance/cpcl.html
4 Physician Signature requirements for Medical Record Documentation FIRST COAST https://medicare.fcso.com/Signature_requirements/166303.asp
5 State Operations Manual Appendix C - Survey Procedures and Interpretive Guidelines for Laboratories and Laboratory Services Table of Contents Interpretive Guidelines §493.1241(c)(1)-(c)(8) (Rev. 166, 02-03-17) https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_c_lab.pdf
6 CMS MLN Medicare Enrollment for Providers who Solely Order or Certify https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedEnroll_OrderReferProv_FactSheet_ICN906223.pdf
7 Pub. 100-08, Medicare Program Integrity Manual, chapter 3, §3.3.2.4 (page 41) https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/pim83c03.pdf
8 CMS 30.1 - Mandatory Assignment for Laboratory Tests https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c16.pdf
9 CMS ABN https://www.cms.gov/medicare/medicare-general-information/bni/abn.html
10 Stark Antikickback Statute [42 U.S.C. § 1320a-7b(b)] https://oig.hhs.gov/compliance/physician-education/01laws.asp

References:

1. Title XVIII of the Social Security Act, §1862(a)(1)(A)
2. **Noridian LCD for Non-Covered Services (L35008)** (This LCD can be found on the Medicare Coverage Database website)
3. **Medicare Program Integrity Manual**, Pub. #100-08, Chapter 13 – Local Coverage Determinations, §13.1.2 - Coverage Provisions in Interpretive Manuals
4. **Medicare Program Integrity Manual**, Pub. #100-08, Chapter 13 – Local Coverage Determinations, §13.1.1 - National Coverage Determinations (NCDs)
5. **Medicare Program Integrity Manual**, Pub. #100-08, Chapter 13 – Local Coverage Determinations, §13.1.3 - Local Coverage Determinations (LCDs)
6. **Medicare Managed Care Manual**, Pub. #100-16, Chapter 4 - Benefits and Beneficiary Protections, §90.4.1 – MACS w/Exclusive Jurisdiction over a Medicare Item or Service
7. **Medicare Managed Care Manual**, Pub. #100-16, Chapter 4 - Benefits and Beneficiary Protections, §90.5 - Creating New Guidance