



Rogue Regional Medical Center (RRMC)
Three Rivers Medical Center (TRMC)

BILLING INFORMATION

Fee Changes

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

Informed Consent Certification

Submission of an order for any tests contained in this catalog constitutes certification to Asante Health System by 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; and (2) ordering physician has obtained from subject patient authorization permitting Asante Health System to report results of each test ordered directly to ordering physician.

Institutional Billing Information

Services charged and billed to other institutions, such as clinics, doctor offices and hospitals, will be 30-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 30 days from billing date. Accounts that are not paid in this time frame will be considered past due.

Please contact the laboratory billing specialist if you have any billing questions:

- [RRMC at 541-789-4593](#)
- [TRMC at 541-472-7170](#)

Medical necessity / Medicare coverage of laboratory testing

Asante Health System complies with all Medicare and Medicaid requirements as outlined in our compliance plan. Medicare will pay only for tests that meet the Medicare coverage criteria, are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for tests for 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 (ABN) accepting financial responsibility. ABNs (waivers) 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(s) for denial. **We require that when you collect and submit the samples to Asante, you review for necessity and obtain waivers when appropriate.** Please submit ABNs with Test Requisitions and patient samples. If you send the patient to Asante for sample collection, our staff will review the necessity and obtain waivers 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 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(s) that the tests are necessary even though Medicare will deny payment. The lab collection sites may only tell the patient whether or not 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 the Laboratory Marketing Specialist at 541-789-5310 (RRMC) or 541-472-7171 (TRMC). Medical Necessity information including supporting diagnosis code information may also be obtained by accessing Medicare's National Coverage Determinations website at:

http://www.cms.hhs.gov/CoverageGenInfo/04_LabNCDs.asp - TopOfPage

and the Local Coverage Determination website at:

https://www.noridianmedicare.com/p-meda/coverage/final_policies.html

PATIENT BILLING INFORMATION

Clinical lab charges will be billed directly to the patient or to the insurance company unless other arrangements have been made (see Institutional Billing section below). The patient **must** bring insurance information to the patient service center. If the referring 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-Auth below).**

The minimum information required for billing includes all of the following: the patient's name, address, phone, date of birth, social security number, diagnostic information, insurance company, insurance address and responsible party.

NOTE: Orders for specimens submitted on Medicare/Medicaid patients must be reviewed by the physician's office for Medical Necessity prior to being delivered (see Medical Necessity section)

Patient Information

If the specimen is collected by Asante Laboratory Services, the patient's name, test(s) and diagnosis code **must be included on the order**. If the specimen is being collected in the office and the patient will not be bringing the specimen to the laboratory, more complete information is required for billing purposes. This information includes: first and last name, address, phone number, date of birth, diagnosis and insurance information. Including all the information will ensure proper sample handling and turnaround time.

Please complete all information as indicated on the lab requisition form. Inclusion of a diagnosis code will prevent delays in handling and reporting results.

Pre-Authorization

An increasing number of insurance companies require that pre-authorization be 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 the laboratory for the tests performed. It is the responsibility of the ordering provider and/or patient to obtain the required pre-authorization. Obtaining the required pre-authorization will prevent the patient from being held responsible for the entire cost of testing.

Reportable Disease

Asante Health System complies 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

ROGUE REGIONAL MEDICAL CENTER (RRMC)

- *Laboratory: 541-789-4164*
- *Pathology: 541-789-4191*
- *Cytology: 541-789-4195*

- *Outreach: 541-789-4164*
- *Courier Service: 541-789-4190*

THREE RIVERS MEDICAL CENTER (TRMC)

- *Laboratory: 541-472-7170*
- *Pathology: 541-472-7191*
- *Outreach: 541-472-7171*
- *Courier Service: 541-472-7170*