

## Billing

The Sentara Reference Laboratory billing office is open Monday through Friday from 8:00 a.m. until 4:30 p.m. and can be reached by calling (757) 388-1985. Billing Representatives will be available to answer client laboratory billing questions. Patients with questions about their billing statements should call Patient Accounting at (757) 233-4500.

Sentara Reference Laboratory strives to be competitive and still offer the best of methods, quality assurance and quality personnel. Therefore, in addition to competing on price, we compete on quality and personalized service. We remind you that the federal government requires us to bill Medicare and Medicaid directly for tests that we perform. Additionally, Anthem requires laboratories to bill directly for all testing performed. To reduce confusion and to assist the record keeping of patients, Sentara Reference Laboratory provides individuals with a statement of charges billed and payments received from insurance plans.

### Client Billing

For clients who desire to be billed directly for tests they request, special account billing may be arranged with laboratory charges itemized on a monthly statement. Itemization includes date, patient name, CPT code, test number, test performed, and fee. To initiate a client account, please contact your Marketing Representative at (757) 388-3621, selecting Option 5. Please note our terms are payable upon receipt. Please contact Billing at (757) 388-1985 for additional assistance or information concerning account billing.

### Patient Billing

As an alternative billing option, clients may choose to have their patients billed directly for laboratory services. Patients without insurance will be billed directly for laboratory services performed and will receive a statement listing those charges approximately 15 days after the date of service.

Unless the patient calls or writes the Client Service Representative indicated on the statement to make other payment arrangements, payment in full is due when the statement is received. When having lab work billed directly to a patient, please be sure to provide the following patient information:

- ◆ Patient name;
- ◆ Patient address;
- ◆ Patient Social Security number/Medical Record number;
- ◆ Patient date of birth;
- ◆ Patient phone number;
- ◆ Diagnosis code(s);

### Third Party Billing

Sentara Reference Laboratory is a preferred laboratory services provider for the Virginia Health Network and participates with most commercial insurance companies including Anthem, Aetna, Sentara Health Management, OptimaHealth, Cigna, Sentara Family Care, Vicare, United Healthcare, Medicare and Medicaid. Commercial insurance is accepted as payment for clinical laboratory studies that are covered by that insurance. Patients are responsible for insuring the lab chosen by their physician accepts their insurance for laboratory services. Patients must understand they are financially responsible for all or any portion of laboratory services not covered by their insurance, as well as any co-payments and/or deductibles. As a service to you and your patients, Sentara Reference Laboratory will assist in submitting any claim to an insurance carrier.

The following information is required on all requisitions for Sentara Reference Laboratory to coordinate third party billing:

- ◆ Patient full name as it appears on insurance card (no nicknames);
- ◆ Patient address;
- ◆ Patient phone number;
- ◆ Patient Social Security number/Medical Record number;
- ◆ Patient date of birth;
- ◆ Physician name (if physician name not printed on requisition, see Adding New Physician below);
- ◆ Insurance company name, subscriber number, group number;
- ◆ Diagnosis code(s);
- ◆ Guarantor name, address, Social Security number, date of birth and relationship to patient
- ◆ Address or mail claim or employer;

For **Champus**, the branch of service, sponsor's name, sponsor's social security number, date of birth and sponsor's rank is required.

**Medicaid** requires the patient's home state for out of state patients.

When appropriate, **Medicare** requires an **Advance Beneficiary Notice**. The client should also determine if Medicare is the primary payer for each patient and submit insurance information for all payers. A copy of the patient's insurance card and driver's license, state issued ID card or social security card will usually provide all necessary patient information except the diagnosis, physician name, advanced beneficiary notice, and guarantor information.

#### **Advanced Beneficiary Notice**

Medicare requires that a patient be informed, prior to performing a test, that Medicare may not cover it along with the reason the test may not be covered. A test may not be covered by Medicare because the diagnosis code is not approved for the test requested, the test may not be FDA approved, the test is routine in nature, or it may not meet other Medicare guidelines. In these cases an Advanced Beneficiary Notice (ABN) must be collected from the patient.

A complete list of tests and covered diagnosis codes is available, and can be obtained by calling your Marketing Representative at (757) 388-3621 and selecting Option 4 or the laboratory billing department at (757) 388-1985. An ABN may only be requested when it is reasonably expected that the test will not be covered.

To complete the ABN, mark the tests that are being performed and the reason you believe they will not be covered. The beneficiary should check the appropriate box and sign and print their name and supply their Medicare number and the date. The patient must be given a copy of the form. ABNs should not be routinely given to Medicare patients.

If a patient presents at a Sentara facility without a diagnosis code when necessary, the patient will be required to complete an ABN and will be billed. If Sentara Reference Laboratory receives a specimen without a proper diagnosis code, the physician office will be contacted. If the information cannot be provided, the physician office will be billed for the testing. A sample of the ABN distributed by Sentara Reference Laboratory is located on pages 64-65.

### **Adding New Physicians**

If a new physician joins your practice, please complete a form to add the physician to your client account. Forms can be obtained by calling Client Services at (757) 388-3621. If you have a locum tenens physician or a physician that has not yet been added to our system, complete the requisition with one of the other physicians. If you want the new doctor listed on the chart, put their name in the chart router box. Also, please do not forget to update us when physicians leave the practice.

### **Missing Information**

In the event that Sentara Reference Laboratory does not receive the proper billing information, the testing you have requested will be performed and you will be notified of the missing information when results are reported. If you receive notification that billing information was missing, you can contact the Billing department at (757) 388-1985 or fax the information to (757) 388-3796.

## Sample Advance Beneficiary Notice (ABN)



600 Gresham Drive  
Norfolk, VA 23507  
Phone: 757/388-3621  
Fax: 757/388-1942

Patient Name: \_\_\_\_\_

Identification Number: \_\_\_\_\_

**ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)**

**NOTE:** If Medicare does not pay for laboratory test(s) below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the laboratory test(s) below.

Laboratory Test(s)			Reason(s) Medicare May Not Pay:	Est. Cost:
<input type="checkbox"/> Alpha-fetoprotein	<input type="checkbox"/> Glucose	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Medicare does not pay for these tests for your condition;  <input type="checkbox"/> Medicare does not pay for these tests as often as this (denied as too frequent);  <input type="checkbox"/> Medicare does not pay for experimental or research use tests.	
<input type="checkbox"/> Beta HCG (1 per month for diag.)	<input type="checkbox"/> HDL	<input type="checkbox"/> Occult Blood		
<input type="checkbox"/> CA 125	<input type="checkbox"/> Hepatitis Panel Acute	<input type="checkbox"/> PAP		
<input type="checkbox"/> CA 15-3/CA 27.29	<input type="checkbox"/> HGB A1c (every 3 mos. for controlled diabetic, 1 per mo. if pregnant)	<input type="checkbox"/> PSA (1 per year)		
<input type="checkbox"/> CA 19-9	<input type="checkbox"/> HIV Diagnostic	<input type="checkbox"/> PT-INR		
<input type="checkbox"/> CEA (1 per chemo cycle or bi-monthly for post surgical colorectal carcinoma)	<input type="checkbox"/> HIV Prog/Monitoring	<input type="checkbox"/> PTT		
<input type="checkbox"/> Collagen Crosslinks (4 in first year, annual thereafter)	<input type="checkbox"/> Iron	<input type="checkbox"/> Thyroid testing (2 per year)		
<input type="checkbox"/> Cholesterol	<input type="checkbox"/> Iron Binding Capacity	<input type="checkbox"/> Transferrin		
<input type="checkbox"/> Digoxin	<input type="checkbox"/> LDL Direct	<input type="checkbox"/> Triglycerides		
<input type="checkbox"/> Ferritin	<input type="checkbox"/> Lipid Complete	<input type="checkbox"/> Urine Culture & Sens.		
<input type="checkbox"/> GGT	<input type="checkbox"/> Lipid Initial - Chol. & HDL (Lipids, panel annually, 6 per year for monitoring, 3 per year once goal attained)			
	<input type="checkbox"/> Lipoprotein			

**WHAT YOU NEED TO DO NOW:** 1. Read this notice, so that you can make an informed decision about your care. 2. Ask us any questions that you may have after you finish reading. 3. Choose an option below about whether to receive the laboratory tests listed above. **NOTE:** If you choose Option 1 or 2, we may help you to use any other insurance that you may have, but Medicare cannot require us to do this.

**OPTIONS: Check only one box. We cannot choose a box for you.**

**OPTION 1.** I want the laboratory test(s) listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

**OPTION 2.** I want the laboratory test(s) listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

**OPTION 3.** I don't want the laboratory test(s) listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

**Additional Information:** If you choose Option #3, you should notify your physician that you did not receive the tests as ordered.

**This notice gives our opinion, not an official Medicare decision.** If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Form CMS-R-131 (03/08)

Form Approved OMB No. 0938-0566

White - Send to Sentara

Yellow - Physician copy

Pink - Patient copy


## Sample Advance Beneficiary Notice (ABN)

## Sentara Laboratory Services

Test Name	Test #	CPT Code	Price (\$)	
Acid Phosphatase	6801	84060	\$ 71.00	
AFP Tumor Marker	10527	82105	\$ 99.00	
Allergen specific -IgE	13652	86003	\$ 18.00	PER ALLERGEN
Allergen specific -IgE qual	13652	86005	\$ 18.00	PER ALLERGEN
Allergen specific -IgG		86001	\$ 18.00	PER ALLERGEN
Apolipoprotein	7376	82172	\$ 113.00	
Apolipoprotein A1	7377	82172	\$ 113.00	
Apolipoprotein B100	7378	82172	\$ 113.00	
Beta 2 Microglobulin	8021	82232	\$ 181.00	
Beta HCG, Serum	7105	84702	\$ 181.00	
CA 125	8616	86304	\$ 181.00	
CA 15.3	7102	86300	\$ 181.00	
CA 19.9	7789	86301	\$ 181.00	
CA 27.29	10003	86300	\$ 181.00	
CEA	7110	82378	\$ 176.00	
Cholesterol	6617	82465	\$ 29.00	
Cholesterol, Fluid	10723	82465	\$ 33.00	
Cholesterol, Screen	8896	82465	\$ 33.00	
CRP High sensitivity	11800	86141	\$ 96.00	
Digoxin	7125	80162	\$ 103.00	
Ferritin	7130	82728	\$ 83.00	
Fructosamine	10772	82985	\$ 87.00	
FTA Abs - Billed if RPR is positive	8045	86781	\$ 146.00	
GGTP (GGT Serum)	6845	82977	\$ 50.00	
Glucose	6601	82947	\$ 24.00	
Glycosylated Hemoglobin Total	10100	83036	\$ 180.00	
HDL	6870	83718	\$ 59.00	
Hepatic Function Panel	10031	80076	\$ 80.00	
Hepatitis Panel Acute	10698	80074	\$ 272.00	
HGB A1c	8406	83036	\$ 66.00	
HIV 1 Stat	13460	86701	\$ 163.00	
HIV 2 Ab	13155	86702	\$ 73.00	
HIV bRNA	13331	87536	\$ 223.00	
HIV DNA PCR	13208	87534	\$ 335.00	
HIV P24 Ag (old test # 8582)	13269	87390	\$ 255.00	
HIV RNA G	13320	87536	\$ 273.00	
HIV RNA PCR, QUANT	13920	87536	\$ 273.00	
HIV Western Blot - Billed if HIV is p	13150	86689	\$ 164.00	
HIV-1 Ultra	13610	87536	\$ 223.00	
HIV-ab, Elisa	8413	86703	\$ 68.00	
Homocysteine, Serum	10107	83090	\$ 180.00	
Iron	6875	83540	\$ 68.00	
Iron Binding Capacity	6876	83550	\$ 54.00	
Iron Profile	10682	8540 and 835	\$ 122.00	
Iron Saturation	6877	8540 and 835	\$ 122.00	
LDL Direct	10033	83721	\$ 80.00	
Lipid Complete	11001	80061	\$ 83.00	
Lipid Initial - SEE CHOL AND HDL	11000	82465,83718	\$ 88.00	
Lipo-NMR	6633	83704	\$ 228.00	
Magnesium	6895	83735	\$ 99.00	
Magnesium Urine	8536	83735	\$ 103.00	
MHA-TP	13112	86781	\$ 142.00	
N-telopeptide, Serum	10852	82523	\$ 379.00	
N-telopeptide, Urine	10202	82523	\$ 90.00	
N-telopeptide, Urine with Creatinin	10201	82523/82570	\$ 173.00	
Occult Blood	10074	82270	\$ 75.00	
Pap - thin layer screen does not in	18990	G0123	\$ 75.00	
PAP (Prostatic Acid Phosphorous)	7181	84066	\$ 122.00	
Pro-BNP	10815	83880	\$ 188.00	
PSA Diagnostic	8754	84153	\$ 121.00	
PSA Free/Total	10697	84153	\$ 213.00	
PSA Screening	11051	G0103	\$ 100.00	
PT/INR	1251	85610	\$ 59.00	
PTT (APPT)	1221	85730	\$ 80.00	
RPR	8110	86592	\$ 40.00	
Sed Rate	1022	85652	\$ 47.00	
Sensitivity-Anaerobic	16014	87186	\$ 83.00	
Sensitivity-Blood	16015	87186	\$ 75.00	
Sensitivity-Urine	16016	87186	\$ 75.00	
T3 Uptake	7230	84479	\$ 103.00	
T4 (Thyroxine)	7235	84436	\$ 103.00	
T4 Free	8662	84439	\$ 103.00	
Thyroid Cascade (T4 Free)	10730	84439	\$ 110.00	
Thyroid Cascade (TSH)	10705	84443	\$ 103.00	
Thyroxine Repl (T4 Free)	10731	84439	\$ 110.00	
Thyroxine Repl (TSH)	10706	84443	\$ 110.00	
Transferrin	8680	84466	\$ 162.00	
Triglycerides	6930	84478	\$ 41.00	
TSH	7250	84443	\$ 103.00	
Urine Culture	2600	87086	\$ 75.00	
VAP LIPO PROTEIN PANEL (2 C	11973	83701/84311	\$ 193.00	
VAP LIPO Ultracentrifuge	11966	83701	\$ 106.00	
VDRL	8130	86592	\$ 51.00	
WB HIV-1	13150	86689	\$ 164.00	
WB HIV-2	13170	86689	\$ 311.00	

# Sample patient bill

385830 385835 000497R



**SENTARA.**  
P.O. BOX 2200 - NORFOLK, VA 23501  
ADDRESS SERVICE REQUESTED

SENTARA REFERENCE LAB

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**Thank you for choosing Sentara as your partner in health care.**

ACCOUNT NUMBER	PATIENT NAME
DATE OF SERVICE 02/01/06 02/28/06	TYPE OF SERVICE
STATEMENT DATE 02/28/06	PAYMENT DUE DATE 03/15/06

PAGE 001 OF 001

AMOUNT DUE →

**PLEASE EXAMINE THIS STATEMENT CAREFULLY. THIS WILL BE YOUR ONLY ITEMIZED STATEMENT FOR THE FOLLOWING TRANSACTIONS. IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT: MARIA LOVISI PHONE: 757-388-1954**

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\*\*\*\*\*See reverse side for important billing information and payment options.

Trans. Date	Ref #	Description	Amount
		BALANCE FORWARD	
		ACCOUNT BALANCE LAST STATEMENT	
		NEW CHARGES/ADJUSTMENTS	
		NEW PAYMENTS/CREDITS	
		CURRENT ACCOUNT BALANCE	

**Important Message**

PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH YOUR PAYMENT



The form to supply patient billing information can be obtained at [www.sentara.com](http://www.sentara.com) under Laboratory Services or by calling 757-388-1985.

Statement Date    Patient Name    Account Number    Due Date  
02/28/06

PAGE 001 OF 001

Check here if your address or insurance information has changed. Please indicate changes on the back of this page.

To pay by credit card: For your convenience, you may pay by Visa, MasterCard, Discover, or American Express. Please indicate your credit card preference, provide the account information, and sign below.

CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	VIN #	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	AMOUNT DUE	AMOUNT ENCLOSED
02/28/06		

**SENTARA HEALTH CARE**  
P.O. BOX 79603  
BALTIMORE MD 21279-0603



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