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 www.phenopath.com

THIS SECTION FOR PHENOPATH USE ONLY

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SPECIMEN INFORMATION

Facility specimen collected at _____
 Collection Date _____ Collection Time _____
Multiple specimens submitted: Test Separately Select Best
 Combine
Pathology Report: Included Not Available
 If ER, PR or HER2 requested, fixative: Formalin _____
 Fixation duration > 6 & < 72 hrs: Yes No Unknown

Specimen ID	Sublabel	Specimen Source

NOTE: Flow Cytometry and FISH (non-paraffin): Heparin preferred, EDTA acceptable
 Cytogenetics: Heparin only
 PCR (non-paraffin): EDTA preferred, Heparin acceptable

PATIENT INFORMATION

Name (Last, First, MI) _____
 DOB _____ Male Female SSN # _____
 Medical Record # _____ Pt # _____
 Address _____
 Phone _____

Inpatient Outpatient Non-Hospital Patient

REQUESTING FACILITY NAME & ADDRESS

Block(s), submitted stained slides and report will be returned to the **Ordering Physician at the address/FAX listed below (unless otherwise requested):**

Ordering Physician Name _____ NPI# _____
 Medicare and other third party payors require services be medically necessary for coverage and generally do not cover routine screening tests.

BILLING INFO (Complete & accurate information must be provided, including billing instruction, or requesting facility will be billed)

BILL: Insurance* Patient Requesting facility† ICD-10 _____
 PO# _____ Referral/Auth # _____
 * If 3rd party billing is requested, a copy of face sheet and front/back of patient's ins/Medicare card must be attached, or facility will be billed. Direct-bill regulations prohibit PhenoPath from billing a 3rd party facility
 † If requesting facility has been selected, ENTIRE billing demographics MUST be documented below
 If pre-authorization is required but is not obtained, PhenoPath will bill the requesting facility

Attn: _____ Facility Name _____
 Department _____ Address _____
 City, State Zip _____
 Billing Contact Phone #: _____ FAX#: _____

TREATING PHYSICIAN (for billing purposes, write/type in the name of the treating physician)

Mail/fax copy of report to treating physician; **IF ALL INFO BELOW IS NOT COMPLETED, report will NOT be faxed or mailed**

Physician Name: _____ Facility Name: _____
 Mailing Address _____ Phone _____ Fax _____

CONTACT INFORMATION

Person completing form _____ Date _____ Phone _____

FISH PROBES**

SOLID TUMOR	<input type="checkbox"/> 17p13.1_P53
<input type="checkbox"/> 1p36/19q13	<input type="checkbox"/> BCL6 Breakapart
<input type="checkbox"/> ALK (for NSCLC) Breakapart	<input type="checkbox"/> CFBF inv16 Breakapart
<input type="checkbox"/> CEP17	<input type="checkbox"/> CEP3, 5, 7, 9, 11, 15 (hyperdiploidy)
<input type="checkbox"/> CEP X/Y	<input type="checkbox"/> CEP 8 (trisomy)
<input type="checkbox"/> EGFR	<input type="checkbox"/> CEP 9 (hyperdiploidy)
<input type="checkbox"/> EWSR1 Breakapart	<input type="checkbox"/> CEP12 (trisomy)
<input type="checkbox"/> FUS Breakapart	<input type="checkbox"/> Deletion 20q12
<input type="checkbox"/> HER2/CEP17	<input type="checkbox"/> EGR1 (5q31/5p15.5)
<input type="checkbox"/> HER2/CEP17 (if equivocal, run alternative chromosome 17 probes SMS/RARA & TP53/CEP17)	<input type="checkbox"/> IGH Breakapart
<input type="checkbox"/> MDM2	<input type="checkbox"/> MALT1 Breakapart
<input type="checkbox"/> MET	<input type="checkbox"/> MLL (11q23) Breakapart
<input type="checkbox"/> P16	<input type="checkbox"/> MYC Breakapart
<input type="checkbox"/> RET (for NSCLC) Breakapart	<input type="checkbox"/> RARA Breakapart
<input type="checkbox"/> ROS1 Breakapart	<input type="checkbox"/> t(4;14) FGFR3/IGH
<input type="checkbox"/> SS18 (SYT) Breakapart	<input type="checkbox"/> t(8;14) IGH/MYC
<input type="checkbox"/> TOP2A	<input type="checkbox"/> t(8;21) RUNX1/RUNX1T1
HEME	<input type="checkbox"/> t(9;22) BCR/ABL
<input type="checkbox"/> 1q21+1p21	<input type="checkbox"/> t(11;14) CCND1/IGH
<input type="checkbox"/> 7/del 7q	<input type="checkbox"/> t(11;18) MALT/AP12
<input type="checkbox"/> 11q22.3 ATM	<input type="checkbox"/> t(14;16) IGH/MAF
<input type="checkbox"/> 13q14.3_D13S319	<input type="checkbox"/> t(14;18) IGH/BCL2
<input type="checkbox"/> 13q34_LAMP	<input type="checkbox"/> t(14;18) IGH/MALT
	<input type="checkbox"/> t(15;17) PML/RARA

FRESH SPECIMEN FISH PANELS

<input type="checkbox"/> ALL*: Probes vary by vendor; please contact PhenoPath Client Services for details
<input type="checkbox"/> AML: t(8;21) RUNX1/RUNX1T1, t(15;17) PML/RARA, CFBF inv16 Brk, 7/del 7q, 11q23, CEP8 (trisomy), EGR1 (5q31/5p15.5)
<input type="checkbox"/> APL: t(15;17) PML/RARA, RARA (17q21) Brk
<input type="checkbox"/> CLL/SLL: 11q22.3_ATM, 13q14.3_D13S319, 13q34_LAMP, 17p13.1_P53, CEP12 (trisomy), IGH Brk, t(11;14) CCND1/IGH
<input type="checkbox"/> CML: t(9;22) BCR/ABL
<input type="checkbox"/> MDS: EGR1 (5q31/5p15.5), 7/del 7q, CEP8, Deletion 20q
<input type="checkbox"/> MPN: 13q14.3_D13S319, Deletion 20q, CEP8 (trisomy), CEP9 (hyperdiploidy)
<input type="checkbox"/> Myeloma (algorithmic panel; CEPs may not be run): 1q21+1p21, 13q14.3_D13S319, 13q34_LAMP, 17p13.1_P53, t(11;14) CCND1/IGH, t(14;16) IGH/MAF, t(4;14) FGFR3/IGH, CEP3, 5, 7, 9, 11, 15 <input type="checkbox"/> CD138 enrichment needed* *If the % of abnormal plasma cells is < 20% by flow cytometry or morphology, enrichment is needed; check box
<input type="checkbox"/> Aggressive B-NHL: MYC (8q24), IGH, t(14;18) IGH/BCL2, BCL6 <input type="checkbox"/> If MYC +, run t(8;14) IGH/MYC
<input type="checkbox"/> Indolent B-NHL: IGH Brk, t(14;18) IGH/BCL2, BCL6 BRK, t(11;14) CCND1/IGH

PARAFFIN-EMBEDDED SPECIMEN FISH PANELS

<input type="checkbox"/> APL: t(15;17) PML/RARA, RARA (17q21) Brk
<input type="checkbox"/> CML: t(9;22) BCR/ABL
<input type="checkbox"/> MALT1 Panel: MALT (18q21) <input type="checkbox"/> If MALT is +, run t(11;18) MALT/AP12 and t(14;18) IGH/MALT
<input type="checkbox"/> Myeloma: t(11;14) CCND1/IGH, t(14;16) IGH/MAF, t(4;14) FGFR3/IGH
<input type="checkbox"/> Aggressive B-NHL: MYC (8q24), IGH, t(14;18) IGH/BCL2, BCL6 <input type="checkbox"/> If MYC +, run t(8;14) IGH/MYC
<input type="checkbox"/> Indolent B-NHL: IGH Brk, t(14;18) IGH/BCL2, BCL6 Brk, t(11;14) CCND1/IGH, MALT1 Brk

NOTES: Most tests listed in a panel may be ordered individually (use "directed tests" section or write-in request if not listed); tests for other disease states may also be available; full consult available; visit our website or call 866-927-4366 for more information. * Sendout testing not performed by PhenoPath ** See website for specimen requirements

Send: Reqs (List Doc #) _____ Transport Kits TC Transport Kits RPMI Michels Other _____ **Date Needed By:** _____

By submitting a specimen with this requisition form, you agree:

- 1) The information provided on this form and accompanying paperwork is complete and accurate.
- 2) If the information is not accurate, and PhenoPath cannot obtain reimbursement for services that have been requested and provided, Client agrees to accept financial responsibility.
- 3) If a service does not have an established Medicare allowable, PhenoPath will bill the Client.
- 4) Requests for testing PhenoPath does NOT perform (for current test menu, consult PhenoPath's website – www.phenopath.com or contact Client Services at 206.374.9000, or Toll-free at 888.92.PHENO (888.927.4366):
 - a) PhenoPath may forward specimens to an alternate facility for testing it does not perform, upon authorization by Client.
 - b) PhenoPath will manage return of applicable specimen to Client.
 - c) By signing the authorization form, Client agrees to pay for authorized services that are not paid for by a third party. PhenoPath can only bill for professional services provided by PhenoPath.

ICD-10 – All providers, laboratories, institutions, hospitals and other providers ordering laboratory testing to be performed by PhenoPath Laboratories must provide ICD-10-CM diagnosis codes for all testing submitted for dates of service October 1, 2015 and greater.

Links: <https://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/ICD10> and <http://www.cdc.gov/nchs/icd/icd10cm.htm#icd2014>

Direct Bill Law – Washington is a “direct-bill” state for anatomic pathology services (RCW 48.43.081, <http://apps.leg.wa.gov/rcw/default.aspx?cite=48.43.081>). This means that PhenoPath can only send a bill to the entity who ordered the services (or to the patient or their insurance). We cannot bill a 3rd party.

MEDICARE COVERAGE DETERMINATIONS – PhenoPath is a Medicare participating provider, and is subject to the local coverage determinations (LCD) of the Medicare Administrative Contractor (MAC) for Jurisdiction F, Noridian Healthcare Solutions, Contractor No. 02402. Additional information can be obtained online at: <https://www.noridianmedicare.com/partb/coverage/active.html>.

PRE-AUTHORIZATION – If pre-authorization is required but is not obtained, and the insurance company denies payment due to lack of pre-authorization, the requesting facility will be billed.

MEDICARE MEDICAL NECESSITY REQUIREMENTS – When ordering laboratory tests that are billed to Medicare/Medicaid or other federally funded programs, the following requirements may apply:

- 1) Only tests that are medically necessary for the diagnosis or treatment of the patient should be ordered. Medicare does not pay for screening tests, except for certain specifically approved procedures, and may not pay for non-FDA-approved tests or tests considered experimental.
- 2) If there is reason to believe that Medicare will not pay for a test, the patient should be informed, and asked to sign an Advance Beneficiary Notice (ABN) to indicate whether he/she accepts responsibility for the cost of the test if Medicare denies payment.
- 3) Diagnosis information is requested from ordering physicians in order to support the medical necessity of each test ordered. ICD-10 codes are required on the test requisition for dates of service October 1, 2015 and greater (ICD-9 codes are required for dates of service prior to October 1, 2015). Narrative descriptions may be acceptable. PhenoPath will contact Client to obtain diagnosis information for reasons including, but not limited to the following:
 - A diagnosis code or narrative description is not provided.
 - The provided diagnosis narrative description appears inconsistent with the patient's demographic, the patient's medical condition, or the testing services being ordered.
 - The provided diagnosis or narrative description does not meet the coverage criteria as supporting medical necessity for testing services covered by a Medicare LCD.
- 4) Organ- or disease-oriented panels should be billed to Medicare only when every component of the panel is medically necessary. The OIG takes the position that a physician who orders medically unnecessary tests for which Medicare reimbursement is claimed may be subject to civil penalties. PhenoPath- and client-customized panels should be billed to Medicare only when every component of the customized panel is medically necessary. PhenoPath offers groups of tests based on accepted clinical practice.

Advanced Beneficiary Notice (“ABN”) – An ABN, Form CMS-R-131, is a standardized notice you must issue to a Medicare beneficiary before providing certain Medicare Part B (outpatient) or Part A (limited to hospice, home health agencies [HHAs], and Religious Nonmedical Healthcare Institutions only) items or services. You must issue the ABN when:

- You believe Medicare may not pay for an item or service;
- Medicare usually covers the item or service; and
- Medicare may not consider the item or service medically reasonable and necessary for this patient in this particular instance. You should only provide ABNs to beneficiaries enrolled in original (fee-for-service) Medicare. ABNs allow beneficiaries to make informed decisions about whether to get services and accept financial responsibility for those services if Medicare does not pay. The ABN serves as proof the beneficiary knew prior to getting the service that Medicare might not pay. If you do not issue a valid ABN to the beneficiary when Medicare requires it, you cannot bill the beneficiary for the service, and you may be financially liable if Medicare doesn't pay. You may also use the ABN as an optional (voluntary) notice to alert beneficiaries of their financial liability prior to providing care that Medicare never covers. ABN issuance is not required to bill a beneficiary for an item or service that is not a Medicare benefit and never covered.
- If you order a test that does not meet Medicare's medical necessity guidelines, it is important that you complete an ABN and have it signed by the patient at the time of service. This will allow you and PhenoPath to bill the patient for the services provided if Medicare does not reimburse us for the test(s) and if the patient has accepted the financial responsibility. Medicare defines medical necessity as services that are: reasonable and necessary, for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member, and not excluded under another provision of the Medicare Program. All services reported to the Medicare Program by health care professionals must demonstrate medical necessity through the use of International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) diagnostic coding carried to the highest level of specificity for the date of service.
- If the testing does not meet Medicare medical necessity guidelines, the patient does not sign an ABN, and Medicare fails to reimburse for the test(s) ordered, PhenoPath may bill the referring lab/physician for the services provided.

PhenoPath's billing practices have been developed to ensure compliance with federally mandated rules. Direct questions about invoices to our Medical Billing department at 1-866-927-4366 or 206-374-1480. Fax inquiries to 206-774-3412. The department is generally staffed Monday to Friday from 6 am to 4:30 pm Pacific time.