NEPENTHE
Laboratory Services
1710 Willow Creek Circle, Ste 2
Eugene, OR 97402

ORDERING PROVIDER EDUCATION AND ANNUAL NOTICE FORM

Nepenthe Laboratory Services, Your Responsibilities, and Our Requisition Form

This notice is provided to you pursuant to the Office of Inspector General's ("**OIG**") voluntary compliance guidance. The OIG recommends that clinical laboratories send notices to physicians who use their services, at least once a year, and inform them of the laboratory's policies for test ordering and billing and provide certain other information. The information below is provided for your education. These standards are generally applicable requirements related to a prescriber ordering laboratory tests, and they also further describe Nepenthe's testing practices.

Medical Necessity, Documentation, and Requisition Forms

The OIG's model compliance plan advises that clinical laboratories must obtain documentation through laboratory requisitions confirming the medical necessity of tests performed as requested by the physician since laboratories can neither treat nor determine medical necessity. Thus, physicians/practitioners must establish the necessity of tests by providing diagnostic information to the laboratory by including the ICD code(s) or a narrative reason/purpose for the order(s). Medicare will only pay for tests that they deem are reasonable and necessary for patient care.

Medical necessity guidance, documentation requirements, access to the OIG's Model Compliance Plan for Clinical Laboratories can be found by accessing the following links:

- CMS Clinical Labs Center : https://www.cms.gov/Center/Provider-Type/Clinical-Labs-Center.
- OIG Model Compliance Plan Clinical Laboratories: https://oig.hhs.gov/authorities/docs/cpglab.pdf.
- Documentation Requirements - CMS Learning Network: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/CERTMedRecDoc-FactSheet-ICN909160.pdf

We encourage the use of Nepenthe's requisition form when ordering lab tests. Please note that specimens collected in the office should contain two pieces of identification: the patient's full name and the patient's date of birth. Nepenthe requisition forms provide the option to order testing on an individual basis for each patient. Using a customized profile may result in the ordering of tests which are not covered, are not reasonable or necessary, and will therefore not be

billed. The OIG takes the position that an individual who knowingly causes a false claim to be submitted may be subject to sanctions or remedies available under civil, criminal, and administrative law. However, Nepenthe will also accept requisitions and orders that contain the following information, which is required by federal regulations and CLIA requirements:

- Name of physician or qualified healthcare professional ordering the test
- Address of physician or qualified healthcare professional
- Phone number of physician or qualified healthcare professional
- Patient's name
- Patient's address
- Patient's date of birth and patient's gender
- Patient's billing information (copy of both sides of patient's insurance card)
- Name of subscriber (if patient is not the subscriber)
- Subscriber information (date of birth, social security number, address)
- Tests ordered
- Diagnosis, sign, or symptom
- Physician authorization of orders. Written or electronic signature via electronic portal system is acceptable. Signature stamps are not acceptable. The signature requirement applies only to the original order and not the requisition at the time of this communication.

Medicare Fee Schedule

Nepenthe's test list with CPT and HCPCS G-Codes and Medicare maximum rates for each test are attached as Exhibit 1. The OIG also advises that we provide you with a copy of the Medicare laboratory fee schedule and let you know that the Medicaid reimbursement amount may be equal to or less than the amount of Medicare reimbursement. The Medicare fee schedule may be found on the CMS webpage at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched.

Inducements

Federal law prohibits offering or paying any remuneration - meaning anything of value - to induce the referral of tests that are covered by Medicare, Medicaid, or other federal health care programs. Any form of kickback, payment or other remuneration that is intended to secure the referral of federal health care program testing business is strictly prohibited and should be reported to Nepenthe.

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Prohibited Referrals

It is the policy of Nepenthe to comply with all aspects of the laws and regulations governing physician self- referral, most notably including the federal Stark law. The Stark law's self-referral ban states that if a financial relationship exists between a physician (or an immediate family member) and a laboratory (or certain other kinds of healthcare providers), and the relationship does not fit squarely into one of the law's exceptions, then (a) the physician may not refer Medicare patients to the laboratory, and (b) the laboratory may not bill Medicare for services referred by the physician. The kinds of relationships between laboratories and physicians that may be affected by these laws include the lease or rental of space or equipment and the purchase of medical or other services by a laboratory from a referring physician.

Provider's Notice/Attestation

Medical Necessity: You may only order laboratory tests that are reasonable and medically necessary for the diagnosis and treatment of your patient. Upon request, you must be able to produce documentation to support the medical necessity of the laboratory tests that you have requested Nepenthe to perform. The documentation must be specific to the patient, based on your clinical assessment of their medical history and needs. Routine, non-patient specific or wholesale orders of testing are not typically appropriate. Additionally, routine screening services generally are not covered by Medicare. By ordering these tests you are certifying that these requirements have been met (whether you sign below).

Advance Beneficiary Notice (ABN)

When you order a laboratory test for a patient who is a Medicare beneficiary and you have a reasonable belief that Medicare will not pay for the laboratory tests, you must obtain an ABN signed by the patient and submit the ABN with this requisition.

Clinical Consultant Contact Number

If you have any questions or wish to discuss appropriate testing and/or ordering, please contact the clinical consultant at _____.

Provider Signature: _____ **Date**: _____

Provider Signature: _____ **Date**: _____

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