

Clinical Lab Questionnaire Form



In accordance with S6111 or OBRA of 1989, a referring laboratory can bill for tests performed by a reference laboratory only if it meets one of the following exceptions:

Option 1:

If you wish to bill under the first exception, you must provide the name and subsidiary relationship of your referral laboratories. Please furnish documentation supporting one (1) of the three conditions (A, B, C) of the first exception listed. All information you provide is subject to subsequent review and validation.

Option 2:

To qualify for the second exception, no more than thirty (30) percent of the clinical diagnostic tests for which the laboratory is required to do annually may be performed by a reference laboratory (other than an ownership-related laboratory).

For laboratories who wish to qualify under the second exception, please inform us in writing that your referral work will not exceed thirty (30) percent of your total tests to be billed in any given calendar year.

- 1. The referring and reference laboratories are ownership related. That is:
 - A. The referring laboratory is wholly-owned by the reference laboratory; or
 - B. The referring laboratory wholly owns the reference laboratory or:
 - C. Both the referring laboratory and the reference laboratory are wholly-owned subsidiaries of the same entity.

Do any of these situations apply to your laboratory?

Yes

No

2. No more than thirty (30) percent of the clinical diagnostic laboratory tests for which the referring laboratory receives requests annually may be performed by another laboratory, other than an ownership related laboratory described.

Do any of these situations apply to your laboratory? Yes

Please remember that you are not required to bill for tests performed by a reference laboratory since the latter laboratory may bill for its own work. However, if you desire to bill for referred work, you must meet one of the exceptions outlined in this form and you must inform Novitas Solutions, to the extent described below, that you need such exception.

Please have the authorized official sign and date this form to attest to the information given.	
Provider Transaction Access Number (PTAN)	
National Provider Identifier (NPI)	
Authorized Official's Signature	Date

If your laboratory is affiliated with other laboratories that are separately certified, please supply a listing

with the name(s), address(es), CLIA number(s) and EIN(s) of these entities.

Please print and return the form and supporting documents via mail or fax.

Mail to:

Novitas Solutions Provider Enrollment Services P.O. Box 3157 Mechanicsburg, PA 17055-1836 Or

Fax to:

717-728-8759

If you are calling from any of the states in the A/B MAC Jurisdiction L (Pennsylvania, New Jersey, Maryland, Delaware, the District of Columbia, the Counties of Arlington and Fairfax in Virginia or the City of Alexandria in Virginia), you may contact Provider Enrollment Services' customer service line at 1-877-235-8073.