

Clinical Laboratory Attestation Template

Section 1833(h)(5)(A) of the Social Security Act provides that a referring laboratory may bill for clinical laboratory diagnostic tests on the clinical laboratory fee schedule for Medicare beneficiaries performed by a referring laboratory only if the referring laboratory meets certain conditions. Prior to billing for services, please review and attest to one of the following options.

References: [CMS Pub. 100-04, Chapter 16, Section 40.1](#)

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.

1. The referring and reference laboratories are ownership related. That is:
 - a. The referring laboratory is wholly owned by the entity performing such test,
 - b. The referring laboratory wholly owns the entity performing such test,
 - c. Both the referring laboratory and the entity performing such test are wholly-owned by a third entity.

Do any of these situations apply to your laboratory? Yes No

If yes, what is the effective date? _____

Note: The effective date cannot be more than 12 months prior to the receipt date of this lab attestation template.

Option 2:

To qualify for the second exception, not more than thirty (30) percent of the clinical diagnostic tests for which the referring 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.

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.

Does this situation apply to your laboratory? Yes No

If yes, what is the effective date? _____

Note: The effective date cannot be more than 12 months prior to the receipt date of this lab attestation template.

Attestation Statement and Signature

If it is later found that a referring laboratory does not, in fact, meet an exception criterion, the A/B MAC (B) should recoup payment for the referred tests improperly billed. The RO shall take whatever action is necessary to correct the problem.

Only one laboratory may bill for a referred laboratory service. It is the responsibility of the referring laboratory to ensure that the reference laboratory does not bill Medicare for the referred service when the referring laboratory does so (or intends to do so). In the event the reference laboratory bills or intends to bill Medicare, the referring laboratory may not do so.

Additional information can be found in regulatory guidance.

Please have the Authorized or Delegated Official on file for your laboratory sign and date this form to attest to the information given. The signature must be handwritten. You must also provide all details of the attesting laboratory, as applicable, in the fields below.

Provider Transaction Access Number (PTAN) (if issued): _____

National Provider Identifier (NPI): _____

Laboratory Legal Business Name (as listed with the IRS): _____

Authorized/Delegated Official Printed Name (First, Last): _____

Authorized/Delegated Official Phone Number (print or type): _____

Authorized/Delegated Official Email Address (print or type): _____

Authorized/Delegated Official Signature _____

Date of Attestation: _____

Once all fields are entered and the Authorized/Delegated Official has signed and dated with handwritten signature, fax or mail completed attestation to Provider Enrollment for review. If contact information is provided, we will notify you upon completion of the process.

Please print and return the form and supporting documents via mail to:

First Coast Service Options, Inc.
Provider Enrollment Services
PO Box 3409
Mechanicsburg PA 17055-1849

or via fax to:

1(904)361-0737