

GENERAL INFORMATION

INTRODUCTION

Since 1980, IML has been providing a full range of quality laboratory services to patients and physicians in our area. If you have any questions about the scope of services IML can provide for you, please contact our Client Services Department at (800) 288-1465.

ACCREDITATION

International Medical Laboratory, Inc. is accredited by The College of American Pathologists, the industry's most rigorous quality measure. Our state-of-the-art lab facility, licensed by the State of Florida and the Center for Medicare and Medicaid Services (CMS), maintains comprehensive quality assurance and quality control programs, including both internal and external proficiency testing.

CLIENT SERVICES

Our Client Services Representatives are available to answer questions about available tests, test requirements, turn-around times, test prices, CPT codes, patient results and courier pick-ups. They can also arrange for a consultation with our Pathologist or Technical Staff. They can be reached at (800) 288-1465.

LAB TOURS

We welcome the opportunity to show you and your staff our state-of-the-art lab facility. Please contact our Client Services Department at (800) 288-1465 to arrange a tour.

COURIER SERVICES

Our network of couriers will provide specimen pick up, report delivery and supply delivery to your office. Please prepare your specimens for transport by sealing all containers tightly, placing each patient's specimen in a separate, sealed Bio-hazard specimen bag and placing the patient's order in the side pocket of the specimen bag. IML transports all specimens in accordance with the applicable federal, state and local guidelines for the transportation of bio-hazardous materials.

If you require an additional unscheduled pick up, please contact our Client Services Department.

TEST REQUEST FORMS

Each patient's specimens must be accompanied by a Test Request Form and an Advance Beneficiary Notice (ABN) when applicable. Patient name, date of birth, specimen collection date, specimen collection time and test(s) requested must be marked. If the services are to be billed to the patient or patient's insurance, the patient's address, date of birth, insurance information and a diagnosis code(s) supporting the service must be included. Test orders and diagnosis information will only be accepted when received in writing from the ordering physician's office. Verbal orders cannot be accepted. If the services ordered for a Medicare patient are not "medically necessary" according to Medicare standards, the patient must be told why the services will not be covered and an appropriate ABN executed and submitted if the services are to be performed.

RESULT REPORTING

Test results may be delivered electronically, by fax, printer or courier. Most results are reported within 24 hours. Same Day Results are available in certain areas.

CRITICAL VALUE RESULT REPORTING

Critical Value Results are those results that are so abnormal we feel they could be life-threatening for your patient. IML follows the guidelines outlined in the Journal of the American Medical Association in determining these values. If your patient has a Critical Value result, it will be called to you as soon as they are available, unless you have given other instructions when your IML account was activated. Please be aware that if our Technical Staff feels your patient is in imminent danger, such as a patient with a Hemoglobin less than 5.0 g/dL, we will notify you regardless of other instructions.

REPEAT TESTING

IML strives for excellence in laboratory services and for the production of accurate and reliable lab results. However, if at any time, the ordering physician feels the results of a test do not correlate with the clinical impression of the patient, repeat testing will be done at no charge. If this occurs, please contact our Client Services Department as soon as possible so that we may arrange for re-testing.

REFERENCE RANGES

The reference ranges for the tests ordered print directly on your patient's result report. However, these ranges can vary by age and gender. Please remember to always submit the patient's age and gender on the Test Request form to ensure accurate reference ranges.

ADDITIONAL TESTING

If you require additional testing on a specimen already submitted, our Client Services Department can arrange for this testing to be performed provided that the appropriate specimen for the test was received, the specimen is still viable and the quantity submitted is adequate. Most specimens are archived for 7 days. After that time, a new specimen will need to be collected. Additional test requests must also be received in writing. All add on orders which are to be billed to an insurance require a diagnosis code. If the add on test requires an Advance Beneficiary Notice, your office will be informed and testing delayed until the ABN is received.

SAME DAY TEST RESULTS

Same Day Results are available for most routine testing in certain areas. For more information on these expedited services, please contact our Client Services Department at (800) 288-1465.

SUPPLIES

Supplies and containers used for laboratory specimen collection are provided to our clients at no charge. These include vacuum blood collection tubes, needles, needle holders, urine containers, culture swabs, pap smear kits and tissue biopsy containers, as well as Test Request Forms. In addition to prompt supply delivery, IML helps keep your inventory current by tracking your usage to make sure you get the supplies you need. In order to comply with federal "anti-kickback" regulation (the "Stark" law), IML will not supply any item not solely used for the purpose of collecting lab specimens for submission to IML.

COMPLIANCE

International Medical Laboratory, Inc. is committed to compliance with all applicable state and federal regulatory agencies and regulations including but not limited to the Agency for Health Care Administration (ACHA), the Center for Medicare and Medicaid Services (CMS) and the Occupational Safety and Health Administration (OSHA). IML maintains policies requiring compliance with patient confidentiality, diagnosis coding and anti-kickback statutes among others and expects that organizations utilizing our services maintain and enforce their own appropriate policies on those topics which affect their practices.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) mandated specific standards for electronic transactions between covered entities, security standards for those electronic transactions and privacy standards for Protected Health Information (PHI). IML has addressed HIPAA requirements already in effect and will continue to modify policies and procedures as it becomes necessary to ensure continued compliance with these regulations.

BILLING

IML offers a number of billing options. Services billed to any party other than the client must include patient's address, date of birth and diagnosis information. In order to submit a claim to a private insurance, we must also have the insurance name, patient's member or identification number, group number and claims address. IML will submit one claim to any insurance as a courtesy for your patient but will only accept assignment for contracted insurances. Requisitions submitted without complete billing information will be billed to the ordering client's account. In the absence of any diagnostic information, tests will be assumed to have been ordered for screening purposes.

Client Billing

Clients may choose to have services they have ordered billed to their client account. Clients will receive an itemized bill monthly indicating patient's name, test performed and the charge. If you would like to have services billed to the client account, please mark the "client" or "my account" box in the billing information section of the IML Test Request Form. All services will be itemized on your monthly client bill, which is due upon receipt. If you need the CPT code for a test you have ordered, please contact our Client Services Department.

Patient Billing

If the patient is to be billed for the services performed, please mark the "patient" box in the billing information section of the IML Request Form. Please be sure to include the patient's complete mailing address and telephone number.

Medicare and Medicare Advantage Patients

If a patient is covered by Medicare, please write the patient's complete Medicare number, including the letter prefix or suffix, and the patient's address on the IML Test Request Form. For Medicare Advantage patients, please include a copy of the front and back of the Medicare Advantage card. Medicare requires the ordering physician to submit diagnosis information to support the medical necessity of any laboratory test ordered for both traditional Medicare and Medicare Advantage patients. Any diagnoses used to justify the medical necessity of an ordered test must be reflected in patient's medical chart.

If the test ordered is not expected to be covered, the patient must sign and date an Advance Beneficiary Notice (ABN) form agreeing to be responsible for payment if they would like the test performed. The ABN must be submitted to IML prior to testing. Medicare has determined that "limited coverage" tests may not be covered due to frequency of use or diagnosis criteria. Other tests are excluded from coverage because there is a Local or National Policy excluding them or they are considered by Medicare to be "investigational." Tests ordered for screening purposes are also not covered by Medicare except for under those circumstances listed in the Screening section below.

Limited Coverage Tests

Limited Coverage tests are those tests that Medicare covers only for certain diagnoses and certain frequencies. Those Limited Coverage tests that are printed on the IML Test Request form are denoted. However, Medicare continuously adds and amends test policies. If the diagnosis code for the patient does not meet Medicare's requirement for the test or the test is being done more frequently than Medicare considers necessary, the patient must sign the ABN indicating they will be responsible for payment if the test is to be done. Each Limited Coverage Test is governed by a Medicare Policy, either a Local Coverage Determination (LCD) or National Coverage Determination (NCD) for the test indicating under which conditions it is covered. If you need a copy of a policy for a particular test, please contact our Client Services Department or log onto www.floridamedicare.com to access all LCDs and NCDs.

Investigational / Non-Covered Tests

Certain tests are never covered by Medicare because they are considered "investigational" or are excluded from coverage due to a National or Local Determinations. These tests are listed Florida Medicare Policy for "Non-Covered Services." This policy is available through our Client Services Department or on www.floridamedicare.com. If you are ordering Investigational or Non-Covered tests on your patient, s/he will need to sign an ABN if they would like the test performed.

Screening

Medicare provides limited coverage of tests ordered for screening purposes. If a tests is ordered more frequently than is allowed for screening purposes, an ABN must be obtained. For those tests ordered for screening purposes, which are not part of the Medicare screening benefit, an appropriate ABN must be submitted. Please remember that the if a test is allowed annually, a full twelve months must have passed before the test will be covered again. If an annual test is scheduled any sooner, coverage will be denied.

Medicaid

If a patient is covered by Medicaid of Florida, please write the patients 10 digit Medicaid Recipient ID Number on the IML Requisition Form. Patient's address, telephone number and diagnoses information is also required. If the patient is enrolled in a Medicaid managed care program and you are not the primary care physician, the primary care physician's authorization number is also required. If your patient is enrolled in a Medicaid HMO, please direct them to their network provider.

Private Insurance

If the patient is covered by a private insurance and you would like us to send a claim on their behalf, please submit a copy of the front and back of the insurance card with the IML Requisition form. Diagnosis information is also required for insurance billing. If a copy of the insurance card is not available, please submit the following information: Insurance Company Name, Insurance Company Address, Patient's Policy or ID Number, Patient's Group Number, Name of Insured, Relation of Insured to Patient, Patient's Mailing Address, Patient's Date of Birth.

IML will send one courtesy claim to any insurance company. However, patients will be responsible for any charges not paid by the insurance. IML is currently on contract with the following insurances and networks:

Beech Street Network	Medicare Railroad
ChampVA	Medicare Advantage PFFS Plans
ChoiceCare Network	Multi-Plan
Evolutions	PHCS
Evercare	Secure Horizons
First Health Network	Tricare
GEHA	TRPN (Three Rivers Provider Network)
Golden Rule	United Healthcare
Humana ChoiceCare Network	United Mine Workers of America
HumanaOne	State of Florida - Vocational Rehabilitation
Medicaid	Worker's Compensation
Medicare	
Medicare Complete	

PATIENT SERVICE CENTERS

If you prefer not to collect specimens in your office, you may direct your patients with their IML Test Request Form or prescription to one of our many Patient Service Centers. For location addresses, maps, hours and additional information, please visit us at www.internationalmedicallab.com or contact our Client Services Department at (800) 288-1465.