i-Labs
3510 Hopkins Pl N, Oakdale, MN 55128 USA
Billing@i-labs.us • www.i-labs.us
Tel: 651-387-2614 • Fax: 651-305-6401

Medicare Submission Overview

This section is only for patients who would like i-Labs to submit testing to Medicare. If you are not submitting to Medicare, you may skip the Medicare-specific forms.

Testing Available for Medicare Submission

ELISPOT Customizable (Single) Tests, $95 per test

An upfront non-covered service fee of $95 applies per test, where permitted by Medicare requirements. Payment information must be provided on the Test Requisition Form. See the Advance Beneficiary Notice (ABN) for the complete list of applicable tests.

Medicare Checklist

We strongly recommend submitting your Medicare paperwork before shipping your sample. This allows us to identify missing information and help prevent processing delays.

> **Missing or incomplete documentation may delay or prevent Medicare submission and result in additional out-of-pocket costs. A $25 administrative fee may apply if a submission is rejected due to missing or incomplete required information, subject to applicable Medicare requirements.**

1 Step 1: Submit Medicare Paperwork

The Requisition Form is not included in this section because it should always ship with the sample submission.

- ☐ **Patient Medicare Intake Form**
- ☐ **Advance Beneficiary Notice (ABN)**
- ☐ **Medicare Card:** Include a clear copy of both the front and back, as required.
- ☐ **Provider Progress/SOAP Notes:** Testing must be ordered by a Medicare-enrolled provider who is authorized to order the requested tests. Provide signed and dated clinical notes from the ordering provider documenting the medical necessity of each test ordered, including relevant symptoms, findings, or diagnoses.

Medicare Paperwork Submission

You may complete the fillable forms electronically or print and fill them out by hand. Send your completed forms, provider notes, and clear images or copies of both sides of your Medicare card using any of the following methods.

EMAIL	FAX	MAIL
Billing@i-labs.us	651-305-6401	i-Labs / Infectolab Americas 3510 Hopkins Pl N Oakdale, MN 55128

Please Note: You may also include all completed paperwork with your sample shipment. However, submitting documentation in advance is recommended to help identify missing information and prevent processing delays.

2 Step 2: Ship Your Sample

- ☐ **Test Requisition Form:** Complete all required fields, including selected tests and payment information for applicable non-covered service fees. Include the completed form inside your kit. For billing purposes, write **MEDICARE** across the top of the form.
- ☐ **Sample:** Collect, package, and ship your sample according to the instructions provided with your test kit.

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Medicare Intake Form

Patient Information

Patient Name	Date of Birth (MM/DD/YYYY)

Sex	Social Security Number
☐ Female ☐ Male ☐ Other/Unspecified	

Medicare Beneficiary ID (MBI)	Medicare Part B Effective Date

Is Medicare your primary insurance?	If no, please list your primary insurance
☐ Yes ☐ No	

Include a clear copy of the FRONT AND BACK of your Medicare card. Both sides are required.

Medicare Coverage

i-Labs is enrolled with Medicare to provide laboratory services under Original Medicare Part B. This Medicare submission process does not include Medicare Advantage (Part C) plans.

Ordering Provider Information

Ordering Provider Name	Clinic Name

Ordering Provider NPI	NPI is required for Medicare billing. Please contact your provider's office if you are unsure.

Assignment of Benefits & Billing Authorization

I authorize i-Labs to submit claims to Medicare for laboratory services provided to me and authorize payment of Medicare benefits directly to i-Labs when permitted.

I authorize i-Labs and its billing representatives to release information reasonably necessary to Medicare and other entities involved in payment or coordination of benefits for purposes of processing my claim.

Financial Responsibility

I understand that submission of a claim to Medicare does not guarantee coverage or payment. I understand that I may be financially responsible for applicable charges that Medicare does not cover, subject to Medicare requirements.

I understand that certain laboratory services may require an Advance Beneficiary Notice of Noncoverage (ABN). When applicable, the ABN will explain why Medicare may not pay, the estimated cost, and my options before the service is provided.

Patient Certification & Authorization

I certify that the information provided on this form is true and complete to the best of my knowledge. I authorize i-Labs to use and disclose information as necessary for treatment, payment, healthcare operations, Medicare billing, and other purposes permitted or required by law.

Patient/Authorized Representative Signature	Date

Printed Name	Relationship to Patient (if applicable)

Patient name:
Identification number: *(optional)*

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Advance Beneficiary Notice of Non-coverage (ABN)

Medicare doesn't pay for everything, even some care you or your health care provider think you need. **We expect Medicare may not pay for the item, test, service or care listed below.** If Medicare doesn't pay, you may have to pay.

Item, test, service or care	Reason Medicare may not pay	Estimated cost
T Cell ELISpot tests (CPT 86352). See the attached Tests Offered list (page 2) and check each test being ordered.	Medicare does not pay for experimental or investigational treatment.	Non-covered service fee: $95.00 per test

What to do now

- Read this notice to make an informed decision about your care.
- Ask any questions you have.
- Choose one option below to let us know if you still want to get the item, test, service or care.

Choose ONE option below. We can't choose for you.

If you choose Option 1 or 2, we may help you use any other insurance you might have, but Medicare can't require us to do this.

- ◯ **Option 1: I want the item, test, service or care listed above, and I want Medicare to be billed for an official decision on payment, which I'll get on a Medicare Summary Notice (MSN).** You can ask to be paid now. I understand that if Medicare doesn't pay, I'm responsible to pay, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you'll refund any payments I made to you, minus co-pays or deductibles.
- ◯ **Option 2: I want the item, test, service or care listed above, but don't bill Medicare.** You can ask to be paid now and I'm responsible to pay. I understand that I can't appeal, since Medicare isn't billed.
- ◯ **Option 3: I don't want the item, test, service or care listed above.** I understand I'm not responsible for payment and I can't appeal to see if Medicare would pay.

Additional information:

This notice gives our opinion, not an official Medicare decision. For other questions about this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. Signing below means you received and understand this notice. You can ask to get a copy.

Signature	**Date** (mm/dd/yyyy)

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. This information collection is for providers, suppliers, Hospice and Religious Non-medical HealthCare Institutes and Home Health Agencies to notify original Medicare beneficiaries of their potential financial liability under specific conditions. The time required to complete this information collection is estimated to average less than 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is mandatory under Section 1879 of the Social Security Act, 42 CFR 411.404(b) and (c) and 411.408(d)(2) and (f). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

ABN Attachment: Tests Offered

Items listed under D. and Estimated Cost under F. of the Advance Beneficiary Notice of Non-coverage (Form CMS-R-131)

Patient Name: _____ Identification Number: _____

Check the box next to each test being ordered.

T Cell Elispot Tests (CPT Code: 86352)

☐	**3119**	Aspergillus Mix 1 & Mix 2 IFN-γ & IL-2
☐	**3141**	Babesia duncani IFN-γ & IL-2
☐	**3104**	Babesia microti IFN-γ & IL-2
☐	**3103**	Bartonella henselae IFN-γ & IL-2
☐	**3031**	Borrelia spp. (Lyme) IFN-γ & IL-2 includes B. burgdorferi, B. afzelii, B. garinii
☐	**3102**	Borrelia miyamotoi IFN-γ & IL-2
☐	**3120**	Candida albicans IFN-γ & IL-2
☐	**3052**	Chlamydia pneumoniae IFN-γ & IL-2
☐	**1000**	Lymphocyte Function Antigen-1 IFN-γ & IL-2
☐	**3124**	Covid IFN-γ & IL-2
☐	**3117**	Cytomegalovirus (CMV) IE-1 antigen & pp65 antigen IFN-γ & IL-2
☐	**3105**	Ehrlichia IFN-γ & IL-2
☐	**3116**	Epstein Barr virus (EBV) Lytic antigen & Latent antigen IFN-γ & IL-2
☐	**3121**	HSV 1 & 2 IFN-γ & IL-2
☐	**3123**	HHV6 IFN-γ & IL-2
☐	**3107**	Mycoplasma pneumoniae IFN-γ & IL-2
☐	**3108**	Rickettsia IFN-γ & IL-2
☐	**3135**	Varicella Zoster Virus (VZV) Lytic & Latent IFN-γ & IL-2