

**Ocular Immunology Laboratory, Oregon Health & Science University  
Casey Eye Institute - BRB, Room 253  
3181 SW Sam Jackson Park Road  
Portland, OR 97239, USA**

503-418-2543 (Office), 503-418-2541 (FAX), 503-418-2540 (Dr. Adamus' Office)

CLIA#38D1045259

Ocular Immunology Laboratory at Oregon Health & Science University offers the following retinal autoantibody tests for CAR, MAR, Autoimmune Retinopathy and Optic Neuropathy

**Western blot for anti-retinal autoantibodies including anti-retinal enolase and anti recoverin antibodies**

**Western blot for anti-retinal autoantibodies in ocular fluids**

**Immunohistochemistry for anti-retinal autoantibodies**

**Western blot for anti-optic nerve autoantibodies**

**Western blot for anti-optic nerve autoantibodies in CSF**

All requests for antibody testing from an authorized person using a Test Requisition Form request must include:

- Patient's name and address
- Patient's medical file when appropriate
- Sex, age/birthday
- Blood collection date
- Referring clinic/physician name and contact information
- Diagnosis or pertinent clinical history and findings
- Test requested
- **Pre-payment (we accept Visa and MasterCard)**

Serum or plasma will be accepted for testing. Whole blood should be prepared by accepted medical techniques. Antibody tests require 3 to 5 ml of serum (Use red top tubes) or plasma (Collect plasma using EDTA as an anticoagulant). Serum can be stored in a refrigerator until shipping. Serum can be shipped refrigerated (+4°C - +8°C) or at ambient temperature by overnight mail. *We recommend that your office draw and ship the blood specimen, rather than an outside laboratory. Many labs do not send specimens outside their facility controls.*

Specimen with test requisition form is shipped by overnight mail to:

**Dr. Grazyna Adamus, Ocular Immunology Laboratory  
OHSU Casey Eye Institute - BRB, Room 253  
3181 SW Sam Jackson Park Road, Portland, OR 97239, USA**

**TEST REQUISITION**

**Ocular Immunology Laboratory  
Oregon Health & Science University  
Casey Eye Institute – BRB, Room 253  
3181 SW Sam Jackson Park Road  
Portland, OR 97239, USA  
503-418-2543 (Phone), 503-418-2541 (FAX)**



Requisition Date \_\_\_\_\_

**WE DO NOT BILL INSURANCE, NOR TAKE PT CALLS**

**PATIENT INFORMATION**

OHSU MRN (leave blank) \_\_\_\_\_

Patient Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Date Collected \_\_\_\_\_ Received Date \_\_\_\_\_

Ocular Immunology Accession # \_\_\_\_\_

**REFERRING LABORATORY /PHYSICIAN** Name \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

IDC-9 Diagnosis Code \_\_\_\_\_ Date of Onset \_\_\_\_\_

**CLINICAL HISTORY AND FINDINGS (Complete the appropriate information below or include in an accompanying letter)**

Empty box for clinical history and findings.

**CLINIC PRE-PAYMENT**

Method:  Check # \_\_\_\_\_  Money Order \_\_\_\_\_

Credit Card:  Visa or  Master Card \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Card Number \_\_\_\_\_ Expires \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**TEST REQUESTED**

- Western blot for anti-retinal antibodies (CAR, MAR, Autoimmune Retinopathy); \$350
- Western blot for anti-retinal antibodies in ocular fluids; \$350
- Immunohistochemistry for anti-retinal antibodies (CAR, MAR, Autoimmune Retinopathy); \$250
- Western blot for anti-optic nerve antibodies (Optic Neuropathy); \$250
- Western blot for anti-optic nerve antibodies in CSF; \$250

(A) Notifier(s):

(B) Patient Name:

(C) Identification Number:

### ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

**NOTE:** If Medicare doesn't pay for (D) \_\_\_\_\_ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the (D) \_\_\_\_\_ below.

(D) _____	(E) Reason Medicare May Not Pay:	(F) Estimated Cost:

#### WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the (D) \_\_\_\_\_ listed above.

**Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

#### (G) OPTIONS: Check only one box. We cannot choose a box for you.

**OPTION 1.** I want the (D) \_\_\_\_\_ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

**OPTION 2.** I want the (D) \_\_\_\_\_ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

**OPTION 3.** I don't want the (D) \_\_\_\_\_ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

#### (H) Additional Information:

**This notice gives our opinion, not an official Medicare decision.** If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

(I) Signature:

(J) Date:

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. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

**OCULAR IMMUNOLOGY LABORATORY**  
**BRB Room 253**  
DEPARTMENT OF OPHTHALMOLOGY  
OREGON HEALTH & SCIENCE UNIVERSITY

Dear Provider:

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**Western blot for anti-retinal autoantibodies**

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**Western blot for anti-optic nerve autoantibodies in CSF**

Since we are providing these first-of-its-kind tests, we are not billing insurance companies or carrying accounts receivable. Therefore, we are billing this service directly to providers and facilities as a Reference Lab and pre-paid *purchased test* only. We have decided to follow this protocol for a couple of reasons; one, the tests are considered experimental and are likely not covered by health plans; and second, we wanted to keep costs down and the tests affordable to those who most need it. You may opt to collect reimbursement from your patient and/or their insurance as you wish. Due to the uniqueness of these tests, an Advance Beneficiary Notice (ABN) or Notice of Excluded Medicare Benefits is recommended.

Medicare's instructions for submitting claims for purchased diagnostic tests are as follows:

**Item** Complete this item when billing for diagnostic tests subject to  
**20** purchase price limitations. Enter the purchase price under charges if the "yes" block is checked. A "yes" check indicates that an entity other than the entity billing for the service performed the diagnostic test. A "no" check indicates "no purchased tests are included on the claim." When "yes" is annotated, item 32 shall be completed. **When billing for multiple purchased diagnostic tests, each test shall be submitted on a separate claim Form CMS-1500.** Multiple purchased tests may be submitted on the ASC X12 837 electronic format as long as appropriate line level information is submitted when services are rendered at different service facility locations. See Chapter 1 of the *Medicare Claims Processing Manual*.

*When billing for purchased services, the technical and professional components must be billed on separate lines of the claim (i.e., you may not bill globally for a purchased service).*

Our relationship as a reference lab is with you, not your patient. The results are given to you the ordering provider, not your patients. Thank you.



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