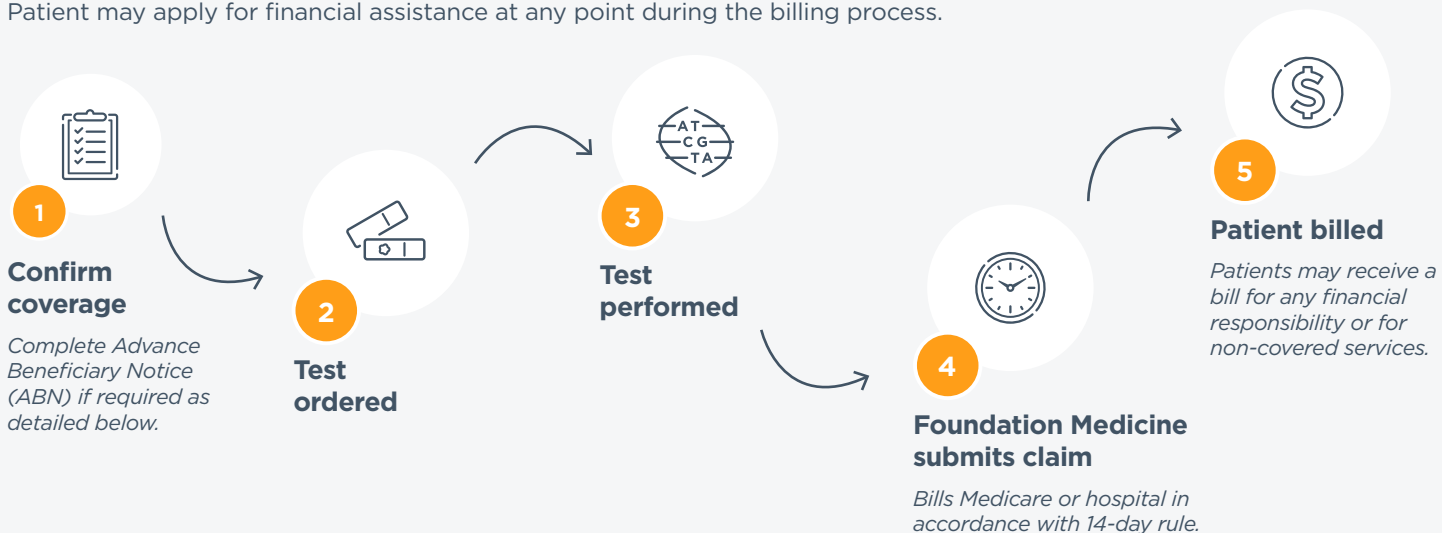




# Medicare & Medicare Advantage

## Billing Process

Patient may apply for financial assistance at any point during the billing process.



## Medicare Coverage Summary

Foundation Medicine tests may be covered by Original Medicare<sup>1</sup> and Medicare Advantage<sup>2</sup>.

Test	Conditions for Medicare Coverage	Patient Coverage Criteria
<b>FoundationOne®CDx</b>	Covered <sup>3</sup> if all patient coverage criteria are met. ABN required if patient does not meet the patient coverage criteria or if person ordering the test is not a treating physician <sup>4</sup> .	i) Patient has been diagnosed with a solid malignant neoplasm; AND ii) Patient has either recurrent, relapsed, refractory, metastatic, or advanced stages III or IV cancer (only requires one of these to be met); AND
<b>FoundationOne®Liquid</b>	Coverage <sup>5</sup> may be available if all patient coverage criteria are met. ABN required if patient does not meet the patient coverage criteria, or if person ordering the test is not a treating physician <sup>4</sup> .	iii) Either Patient has not been previously tested using the same NGS test for the same primary diagnosis of cancer OR Patient is undergoing repeat testing using the same NGS test for a new primary cancer diagnosis made by the treating physician; AND iv) Patient has decided to seek further cancer treatment (e.g., therapeutic chemotherapy)
<b>FoundationOne®Heme</b>	Not covered at this time. Foundation Medicine is working toward securing future coverage. ABN required for every case.	N/A

<sup>1</sup> Medicare administered by federal government

<sup>2</sup> Medicare administered by private insurers

<sup>3</sup> Per the "Decision for Next Generation Sequencing (NGS) for Medicare Beneficiaries with Advanced cancer – CAG-00450N."

<sup>4</sup> A "treating physician" is a physician, as defined in §1861(r) of the Social Security Act, who furnishes a consultation or treats a beneficiary for a specific medical problem, and who uses the results of a diagnostic test in the management of the beneficiary's specific medical problem. More information is available at <https://www.cms.gov/Regulationsand-Guidance/Guidance/Transmittals/downloads/R80BP.pdf>

<sup>5</sup> National Government Services, the local Medicare Administrative Contractor with jurisdiction over testing performed by Foundation Medicine at its Cambridge, MA laboratory for Original Medicare beneficiaries, does not have a Local Coverage Determination (LCD) for liquid biopsy next generation sequencing >50 genes. Coverage is determined by National Government Services on a case-by-case basis.



## Financial Assistance Program

Financial assistance may be available for patients based on their financial situation. If your patient is uninsured or cannot afford the applicable out-of-pocket cost, have him or her contact our Client Services team with regard to eligibility. To apply for financial assistance or download a paper application, please visit:

<https://access.foundationmedicine.com>



## Advance Beneficiary Notice (ABN)

In instances where Original Medicare does not cover a Foundation Medicine test (see summary table above), we are required by the Centers for Medicare & Medicaid Services (CMS) to collect an ABN. The ABN informs patients of their financial responsibility, should they choose to move forward with testing.

You may obtain pre-populated ABN forms on Foundation Medicine's website. You may also visit the CMS website and select "Download the ABN" to obtain a blank ABN form. Completed ABN forms should be sent to Foundation Medicine via fax or emailed to Foundation Medicine's Billing department. For information regarding CPT codes or pricing, contact our Billing department.



## Medicare Billing (The 14-Day Rule)

The Medicare 14-Day Rule provides billing guidelines regarding diagnostic tests ordered for Medicare patients. Use this chart to determine who Foundation Medicine will bill for your Medicare patient's testing.

Status at Specimen Collection	Medicare Billing
Outpatient	Foundation Medicine Bills Medicare
Nonpatient	
Inpatient - ordered ≥ 14 days after date of discharge	
Inpatient - ordered < 14 days after date of discharge	Foundation Medicine Bills Hospital

### CLIENT SERVICES

Call 888.988.3639  
8:00 a.m. - 8:00 p.m. ET, Mon-Fri  
[client.services@foundationmedicine.com](mailto:client.services@foundationmedicine.com)

### BILLING DEPARTMENT

Fax 866.283.5838 or email [billing@foundationmedicine.com](mailto:billing@foundationmedicine.com)  
If you or your patient has an EOB or bill in hand and have questions, contact our billing affiliate at 877.246.9204 or by fax at 440.528.6010

See full intended use for FoundationOne CDx at [www.foundationmedicine.com/genomic-testing/foundation-one-cdx](http://www.foundationmedicine.com/genomic-testing/foundation-one-cdx)

