

14-Day Rule Fact Sheet

What is the 14-Day Rule?

The Medicare laboratory Date of Service Regulation, also called the “14-Day Rule,” is a regulation set by the Centers for Medicare & Medicaid Services (CMS) that requires laboratories, including Ashion, to bill a hospital or hospital-owned facility for certain clinical laboratory services performed on specimens collected from Medicare beneficiaries who are hospital inpatients when the specimen is collected.

Who is affected by the 14-Day Rule?

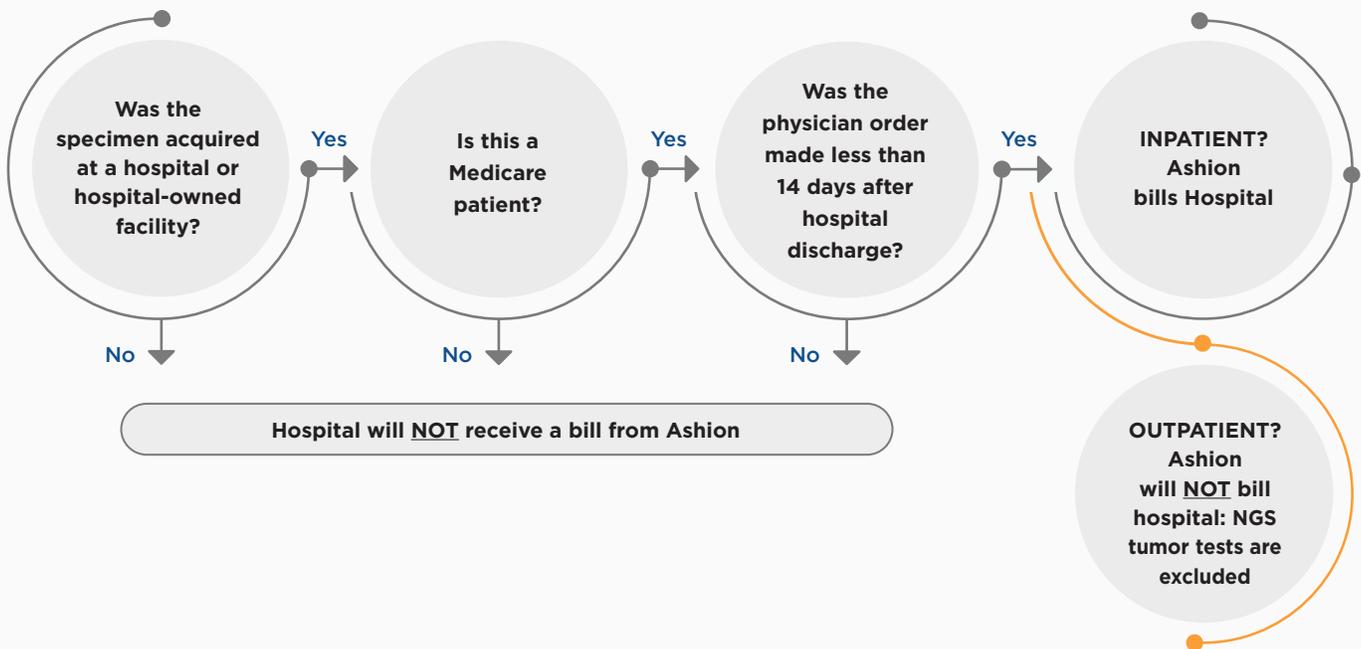
Hospitals, when a test is performed by an independent lab like Ashion on specimen collected from a Medicare Part A or Part B beneficiary (i.e. not a Medicare Advantage enrollee) who was a hospital inpatient when the specimen was collected.

The 14-Day Rule previously applied to tests performed on outpatient specimens as well, but since 2018 the performing lab has generally been required to bill Medicare directly for DNA- or RNA-based tests like GEM ExTra when performed on outpatient specimens.

How does the 14-Day Rule impact the facility?

For a test performed on a specimen collected from a hospital inpatient who is a Medicare beneficiary, the hospital is required to bill Medicare for the test if it was ordered less than 14 days after the date of the hospital inpatient discharge. In these circumstances, Ashion is required to bill the hospital for the test. If the test is ordered 14 days or more after the date of the inpatient discharge, Ashion will bill Medicare directly, and will not bill the hospital.

Note: The timing of a test order MUST be based on a clinical judgment and not on the Medicare billing rules. Ashion is not involved in determining the appropriate clinical timing for any patient.



42 CFR § 414.510 as amended by 42 CFR § 414.510(b)(5) (effective 1/1/18)