University of Mississippi Medical Center Research Billing Form

***If your study is a funded prospective clinical research study, do not complete this form.
Billing for prospective clinical research studies will be set up via the Velos calendar. ***

Project Title:			IRB#
Principal Investigator:		**Department:**	
Study Coordinator:			
Bills will be submitted to: (Please list Study's primary contact for billing)			
Sponsor (source of funding):			
Type of Sponsor	☐ **Federal** ☐ **Industry** ☐ **Foundation** ☐ **Internal**		
Services will be provided as:	☐ **Inpatient** ☐ **Outpatient**		
Will any study-related procedures/services be billed to any third party payer? (If Yes, complete page 4 of this form)	☐ **No** ☐ **Yes**		
Will a study drug be used: (If Yes, complete Epic Investigational Product Build Form)	☐ **No** ☐ **Yes**		

List all Hospital Services that will be billed to Sponsor. If additional lines are needed please use additional pages.

Hospital Services Requested (Procedures, tests, exams, etc.) Please also include anesthesia and recovery room services, etc.	**Performed By** (MD name, department, etc)	**Location(s) of Service** (Building and room number or cost center)	**UMMC Charge Code or CPT Code**	**Discounted Charge**

Revised 06/02/2021

University of Mississippi Medical Center Clinical Studies Charge/Billing Form

Project Title:		IRB#
Principal Investigator:		**Department:**

List all Physician Services to be billed to Sponsor. If additional lines are needed please use additional pages.

Physician Services Requested (Physical exams, interpretations, fees, etc.)	**Performed By** (MD name, department, etc)	**Location(s) of Service** (Building and room number or cost center)	**UMMC Charge Code or CPT Code**	**Discounted Charge**

Principal Investigator Signature **Date**

Office of Clinical Trials Signature **Date**

Project Title:		IRB#

Principal Investigator:		Department:	
Study Coordinator:		Phone #:	

List all non-investigational, non-standard of care medication that will be used during the study

***If investigational drug will be used, complete IDS Epic Investigational Product Build Form ***

Medication Name	Concentration	Strength	Form	Charge for Medication	Discount % Applied	Discounted Charge for Medication

Medicare Coverage Analysis

This form should be completed for all studies that will bill study-related procedures/services to any third party payer.

Project Title:		IRB#

Principal Investigator:		**Department:**	
Study Coordinator:		**Phone #:**	

Medicare Part A Provider Inquiries: Novitas Solutions – Office of the Medical Director, Attn: Debra Patterson, M.D., P O Box 890089 Camp Hill, PA 17089-0089

Clinical trials that are deemed to be automatically qualified:			
	Yes	**No**	**Comments**
Is the trial funded by NIH, CDC, AHRQ, CMS, DOD or VA?	☐	☐	
Is the trial supported by centers or cooperative groups that are funded by NIH, CDC, AHRQ, CMS, DOD and VA?	☐	☐	
Is the trial conducted under an investigational new drug application (IND) reviewed by the FDA?	☐	☐	
Is the trial a drug trial that is exempt from having an IND under 21 CFR 312.2(b)(1)?	☐	☐	
Any clinical trial receiving Medicare coverage of routine costs must meet the following three requirements:			
	Yes	**No**	**Comments**
Is the subject or purpose of the trial the evaluation of an item or service that falls within a Medicare benefit category (e.g. physicians services, durable medical equipment, diagnostic test) and is not statutorily excluded from coverage (e.g. cosmetic surgery, hearing aids)?	☐	☐	
Does the trial have a therapeutic intent? The trial must not be designed exclusively to test toxicity of disease pathophysiology.	☐	☐	
Does the trial enroll patients with a diagnosed disease rather than healthy volunteers? Trials of diagnostic interventions may enroll healthy patients in order to have a proper control group.	☐	☐	
Clinical trials also should have the following desirable characteristics:			
	Yes	**No**	**Comments**
Does the trial to test whether the intervention potentially improves the participants' health outcomes?	☐	☐	
Is the trial well supported by available scientific and medical information or is it intended to clarify or establish the health outcomes of interventions already in common clinical use?	☐	☐	
Does the trial not unjustifiably duplicate existing studies?	☐	☐	
Is the trial design appropriate to answer the research question being asked in the trial?	☐	☐	
Is the trial sponsored by a creditable organization or individual?	☐	☐	
Is the trial in compliance with federal regulations relating to the protection of human subjects?	☐	☐	
Are all aspects of the trial conducted according to appropriate standards of scientific integrity?	☐	☐	
Does the study involve either of the following devices:			
Category A – Device will be used in immediately life-threatening situations. Fiscal Intermediary must approve protocol.	☐	☐	
Category B - requires a coverage determination from the Fiscal Intermediary	☐	☐	