



Ensure quality testing without disruption for Medicare patients

A guide to determining lab test coverage and coding for your Medicare patients

Medicare's medical necessity parameters are complex and challenging to manage, yet failure to provide the required information when ordering tests can result in test delays, cancellations, and disruptions to your practice to provide missing information.

Important reminders

- **Check coverage:** Medicare has limited coverage policies (MLCPs) for certain laboratory tests. These tests are only considered medically necessary, and therefore reimbursable by Medicare, if ordered for patients with specific conditions.
- **Check frequency:** Some limited coverage tests have frequency limitations that you should be aware of to determine coverage.
- **Diagnosis codes:** Requisitions must include ICD-10 code(s) that satisfy medical necessity for the testing ordered.
- **Advance Beneficiary Notice (ABN) form:** Tests that aren't covered will require an accompanying ABN form signed by the patient. This form confirms that your patient understands they are responsible for payment.

By following these guidelines, you can:

- Avoid delays or cancellations to your test order
- Prevent follow-up calls to your office for additional diagnosis codes
- Notify your patients about which tests are covered and which will incur out-of-pocket expenses
- Prevent patients from being billed for tests that aren't ordered properly



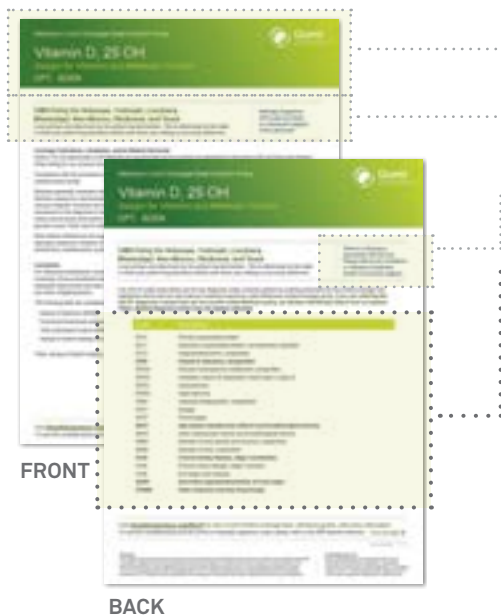
Quest Diagnostics is here to help, with practical resources that simplify the process of determining coverage and ordering tests.

Quest is here to help

We offer an online resource that streamlines the process of determining coverage and coding information for Medicare’s limited coverage tests. Just follow these simple steps:

- 1 Visit QuestDiagnostics.com/MLCP.
- 2 Click on the state where your tests are being performed.* The lists of Medicare limited coverage tests (both local and national) will appear.
- 3 Scan the list to see if the test you are ordering is listed. If the test is listed, click on the link and the Medicare Coverage and Coding Guide will open.

On each Medicare Coverage and Coding Guide, you will find the following information:



- A Test name and associated CPT codes
- B States covered by this policy
- C Frequency limitation, if applicable
- D List of the **most commonly provided ICD-10 codes** and descriptions provided by physicians when ordering this test

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website: www.cms.gov/Medicare/Coverage/CoverageGenInfo/Downloads/manual201610_ICD10.pdf.

- 4 Review the patient’s record to obtain all applicable ICD codes, and enter them on the requisition.
- 5 If the ICD codes provided are not indicated in the Medicare coverage policy, an ABN form signed by your patient must be submitted.

Visit QuestDiagnostics.com/MLCP to view current limited coverage tests, reference guides, and policy information, or contact a Quest Diagnostics billing representative at 1.866.MYQUEST (1.866.697.8378)

* Local coverage policies are determined by the Medicare Administrative Contractor (MAC) who has jurisdiction over the testing. Jurisdiction is usually determined by the state in which your performing lab resides.

Disclaimer

This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) form is necessary. Diagnosis codes must be applicable to the patient’s symptoms or conditions and must be consistent with documentation in the patient’s medical record. Quest Diagnostics does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

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