Beaumont

Beaumont Laboratory
Royal Oak, Troy and Grosse Pointe **September 10, 2015**

Physicians Notice

Beaumont Laboratory maintains an active compliance program that supports our commitment to conduct business in compliance with all federal and state laws, regulations, and guidelines. In its compliance guidance for clinical laboratories the Office of the Inspector General (OIG) recommends that all clinical laboratories distribute a notice to ordering clients at least once a year. Pursuant to this recommendation, Beaumont Laboratory is providing this **Physicians Notice** delineating the guidelines used by Beaumont Laboratory for submitting claims to Medicare, Medicaid and other federally funded healthcare programs.

Medical Necessity:

The Centers for Medicare and Medicaid Services (CMS) and the OIG recognize that physicians and other authorized individuals must be able to order any test that they believe are appropriate for the treatment or diagnosis of their patients. As the physician, you may order any test(s), including screening tests that you believe are appropriate for the treatment of your patients. However, Medicare will only pay for tests that are covered, reasonable, and necessary for the individual patient given his or her clinical condition. Government regulations specify that the ordering provider must provide diagnostic information in the form of diagnosis codes or narrative that describes the condition, disease, sign, symptom or complaint for each laboratory test ordered including all tests listed as part of organ or disease-oriented panels. **Effective October 1, 2015, ICD-10 will replace the ICD-9 code set that is currently in use**. Beaumont Laboratory cannot submit claims without diagnosis codes. Please provide diagnosis information in conformance with ICD-10 standards. *T*o assist your practice in this transition, Beaumont Laboratory is providing a laminated copy of the ***Common Diagnosis Code Reference Tool***. In addition, ***Requisition Specific Education Overlays*** with guidelines for completing requisitions that were re-designed due to ICD-10 will be provided by the Storeroom as part of your supply order. All ICD-10 informational material provided by Beaumont Laboratory will be posted on the Laboratory's external and internal websites.

Order Signature:

Although the signature of the ordering provider is not required on laboratory requisitions, if signed, the requisition will serve as acceptable documentation of your order for laboratory testing. Beaumont laboratory requisitions are designed to include space for ordering physician signature. In the absence of a signed requisition, documentation of your intent to order each lab test must be included in the patient's office medical record and made available to Beaumont Laboratory as needed. Orders may also be authorized by the use of an electronic signature.

National Coverage Determinations (NCD), Local Coverage Determination (LCD), and Limited Coverage Tests:

The Medicare Coverage Database (MCD) contains all 23 National Coverage Determinations (NCDs) outlined in the chart below as well as Local Coverage Determinations (LCDs), local policy articles, and proposed NCD decisions. The 23 National Coverage Determinations developed by the Centers for Medicare and Medicaid Services are updated on a quarterly basis and published in the NCD Coding Policy Manual. You can download the current NCD and LCD related information at: Medicare Coverage Database – Centers for Medicare & Medicaid Services

Alpha-fetoprotein	Blood Counts	Blood Glucose Testing
Carcinoembryonic Antigen	Collagen Crosslinks, Any Method	Digoxin Therapeutic Drug Assay
Fecal Occult Blood	Gamma Glutamyl Transferase	Glycated Hemoglobin/Glycated Protein
Hepatitis Panel/Acute Hepatitis Panel	HIV-1 or HIV-2 Quantification	Human Chorionic Gonadotropin
Human Immunodeficiency Virus Testing (HIV Diagnosis)	Lipids Testing	Partial Thromboplastin Time
Prostate Specific Antigen	Prothrombin Time	Serum Iron Studies
Thyroid Testing	Tumor Antigen by Immunoassay CA19-9	Tumor Antigen by Immunoassay CA-125
Tumor Antigen by Immunoassay CA- 15-3/CA27.29		Urine Culture, Bacterial

Advance Beneficiary Notice

The Medicare program will allow the laboratory to bill the patient for denied services only if an Advance Beneficiary Notice (ABN) is forwarded to the laboratory with the test requisition. The ABN must be completed by the ordering physician and signed by the patient; the ABN is intended to inform the patient that Medicare will not pay for the services that it determines to be not reasonable and necessary under Section 1862(a)(1) of the Social Security Act. Medicare does not pay for:

1) tests that are limited coverage unless the diagnosis code supports medical necessity;
2) tests that are considered non-covered;
3) tests that exceed frequency limits established by Medicare; or
4) tests that are for experimental or research use.

An ABN Manual is posted on the Laboratory Services website to provide clients with guidelines for completing the ABN form and to summarize the NCD and LCD information posted on the CMS website.

Medical Laboratory Fee Schedule:

CMS provides you with the Clinical Labs Center website to communicate information specific to Clinical Laboratories. To access the current laboratory fee schedule go to: Fee Schedule Clinical Laboratory Fee Schedule. Additionally, Medicaid reimbursement will be equal to, or less than Medicare reimbursement.

American Medical Association (AMA) Approved Organ or Disease Oriented Panels:

The American Medical Association (AMA) has grouped certain tests into panels for coding purposes only. If one orders tests in addition to those specifically indicated for a particular panel, those tests are billed separately in addition to the panel code. A valid diagnosis code must be provided for each AMA-approved panel ordered. Individual components of these panels may be ordered separately. When ordering tests for Medicare or Medicaid patients, the physician should:

1) Only order those tests that he or she believes are medically necessary for each patient.
2) Be aware that using a customized panel/profile may result in ordering tests for which Medicare or Medicaid will deny payment.
3) Order individual tests or a less inclusive panel/profile if all analytes in the panel/profile are not medically necessary.
4) Understand that the U.S. Department of Health and Human Services, Office of Inspector General takes the position that a physician who orders medically unnecessary tests may be subject to civil penalties.

PANEL COMPONENTS		Basic Metabolic Panel 80048	Comprehensive Metabolic Panel 80053	Electrolyte Panel 80051	Hepatic Function Panel 80076	Acute Hepatitis Panel 80074	Lipid Panel 80061	Obstetric Panel 80055	Renal Function Panel 80069
ABO	86900							■	
RH(D)	86901							■	
Antibody Screen	86850							■	
Rubella Antibody IgG	86762							■	
Hepatitis B Surface Antigen	87340							■	
VDRL	86592							■	
CBC w/Differential & Plt.	85025							■	
Phosphorus, Inorganic	84100								■
Carbon Dioxide	82374	■	■	■					■
Chloride	82435	■	■	■					■
Potassium	84132	■	■	■					■
Sodium	84295	■	■	■					■
Creatinine	82565	■	■						■
Glucose	82947	■	■						■
BUN	84520	■	■						■
Calcium	82310	■	■						■
Albumin	82040		■		■				■
AST (SGOT)	84450		■		■				
Alkaline Phosphatase	84075		■		■				
Bilirubin, Total	82247		■		■				
Protein, Total	84155		■		■				
ALT (SGPT)	84460		■		■				
Bilirubin, Direct	82248				■				
Hepatitis A Antibody, IgM	86709					■			
Hepatitis B Surface Antigen	87340					■			
Hepatitis B Core Antibody, IgM	86705					■			
Hepatitis C Antibody	86803					■			
Cholesterol	82465						■		
HDL Cholesterol	83718						■		
LDL Cholesterol (Calculation)							■		
Triglycerides	84478						■		

Reflex Testing:

Reflex testing occurs when initial test results are positive or outside normal parameters and indicate that a second related test or further testing is medically appropriate. Mandated testing criteria set by government or accrediting agencies, relevant practices in laboratory medicine, and avoidance of performing unnecessary testing help dictate, which tests are subject to reflective testing. Upon results of an initial laboratory test, reflex tests will be performed as outlined based on, "**ALGORITHMS FOR REFLEX TESTS"** located on Inside Beaumont on the Laboratory Services web page, under Reference Guides or on the internet at: Beaumont Laboratory Reflex Test List

Some reflex testing may result in additional charges. If you **DO NOT** want reflex testing, please clearly communicate this request on the laboratory test requisition form and contact Customer Services at 800-551-0488 or 248-551-1155.

Clinical Laboratory Improvement Amendments (CLIA) Brochures:

The Centers for Medicare and Medicaid Services (CMS) has several brochures to help explain the Clinical Laboratory Improvement Amendments (CLIA) regulation requirements including one on how to report concerns about a Laboratory's Operations to CMS. To access one or more of these brochures go to: CLIA Brochures Clinical Laboratory Improvement Amendments (CLIA). The CLIA Complaints brochure is also posted on the Laboratory's web site under Laboratory Compliance Resources.

Physician Clinical Consultants:

Beaumont has a professional staff of over forty pathologists and Ph.D. scientists specializing in all areas of laboratory medicine. Our medical staff is available to discuss laboratory-testing questions including ordering and interpretation. Please contact Customer Services at 800-551-0488 to contact Vaishali Pansare, M.D., Beaumont Laboratory Outreach Medical Director.

Please feel free to contact Customer Service at 800-551-0488 or 248-551-1155 if you should have any further questions. Thank you.