

Avoid Delays in Testing and Unnecessary Costs for Patients



Laboratory testing plays a vital role in the care of patients. When lab orders are submitted with missing or inaccurate information it can lead to unnecessary costs for your patients, as well as disruption to your practice and delays in testing.

Quest Diagnostics is committed to providing the test results needed to help you do the best for your patients.

When you ensure your lab orders are submitted with complete and accurate information you can avoid:

- Disruption to your practice caused by follow-up calls to obtain missing or accurate information
 - Higher out-of-pocket expenses for your patients when they receive bills for non-covered services
 - Missing information necessary to care for your patients because of delayed laboratory testing
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Managing the complexities of insurance coverage is challenging. Quest Diagnostics is here to help with timely access to the information you need that can help you better care for your patients.

Important reminders to ensure laboratory orders are submitted correctly

Diagnosis Codes

All claims for laboratory services must include diagnosis codes. Remember to always include a diagnosis code when submitting an order for laboratory testing. Ensure the code(s) submitted are consistent with the patient's medical condition. After October 1, 2015 ICD-10 diagnosis codes will be required for all lab orders.

Medicare Limited Coverage Policy (MLCP)

Medicare publishes limited coverage policies for certain laboratory tests. Tests subject to a limited coverage policy are only considered medically necessary and reimbursable by Medicare if ordered for patients with specific conditions. Ensure you provide all relevant diagnosis information documented on the patient's chart when submitting laboratory orders for tests included in the MLCP. Refer to the back of this sheet for details on accessing helpful information about MLCPs.

Advance Beneficiary Notice (ABN)

Medicare patients must sign an ABN when laboratory tests are ordered for a condition that is not listed in the applicable MLCP. Submit a complete ABN form when required to avoid delays in testing. In the future, Quest Diagnostics may no longer perform testing when laboratory orders are submitted without the required valid ABN form.

Get Guidance on Medicare Limited Coverage Policies

Quest provides resources to help you understand if a laboratory test is reimbursable by Medicare based on a patient's condition as indicated by the relevant diagnosis code. They also aid you in determining when an ABN must be submitted with a laboratory order. To access these resources, follow the instructions below.

For Local Coverage Policies

1. Log onto QuestDiagnostics.com/mlcp
2. Click on the state where the laboratory testing you order is commonly performed. The National and Local Coverage Policy document will open.
3. Scan the right-hand column to see if the test you are ordering is listed under the Local Medicare Limited Coverage Policy.
4. If the test you are ordering is listed in the right-hand column, click on the test name to view the local MLCP information.

NOTE: After October 1, 2015 you will need to scroll to the bottom of the page and click "Accept" to accept the licensing agreement before accessing the MLCP document.

For National Coverage Policies

1. Log onto QuestDiagnostics.com/mlcp
2. Click on the state where the laboratory testing you order is commonly performed. The National and Local Coverage Policy document will open.
3. Scan the left-hand column to see if the test you are ordering is listed under the National Medicare Limited Coverage Policy.
4. If the test you are ordering is listed in the left-hand column, click on the link at the top of the column to access the national MLCP information. The National Coverage Policy document will open.
5. Click on the test name to view the national MLCP information

NOTE: After October 1, 2015 you will need to scroll to page iii of the CMS document and click on the test name in the table of contents to access the MLCP information.

Below is a list of commonly ordered tests that are covered by either a Local or National Medicare Limited Coverage Policy. Refer to the sources listed above before submitting laboratory orders.

Test Name	Alternate Name	Test Code	CPT Code
Vitamin D	Vitamin D: 25-Hydroxy	17306, 92888	82306
Vitamin D	Vitamin D: 1,25 Dihydroxy	16558	82652
Prostate Specific Antigen (PSA)	N/A	5363, 10157, 31348, 14808, 17569	84153
Hemoglobin A1c	Glycated Hemoglobin / Glycated Protein	496, 16802, 8181	83036
Lipid Panel	Lipids Testing	7600, 14852, 33145, 19543, 90515, 15434	80061
Acute Hepatitis Panel	Hepatitis Panel / Acute Hepatitis Panel	10306	80074
Thyroid Stimulating Hormone (TSH)	Thyroid Testing	899, 36127	84443
Routine Urine Culture	Urine Culture, Bacterial	395	87086
Vitamin B12 Panel	Cyanocobalamin (Vitamin B-12)	7065, 927	82607
Thromboplastin Time, Partial	Partial Thromboplastin Time (PTT)	763, 17408	85730