

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

- 1. 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.
- 2. Check frequency:** Some limited coverage tests have frequency limitations that you should be aware of to determine coverage.
- 3. Diagnosis codes:** Requisitions must include ICD-10 code(s) that satisfy medical necessity for the testing ordered.
- 4. 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.



Visit [QuestDiagnostics.com/MLCP](https://www.questdiagnostics.com/MLCP) to view current limited coverage tests and links to limited coverage policies, or contact a Quest Diagnostics billing representative at 1.866.MYQUEST (1.866.697.8378)

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.

[QuestDiagnostics.com](https://www.questdiagnostics.com)

Quest, Quest Diagnostics, any associated logos, and all associated Quest Diagnostics registered or unregistered trademarks are the property of Quest Diagnostics. All third-party marks—© and ™—are the property of their respective owners. © 2021 Quest Diagnostics Incorporated. All rights reserved. SB10496 07/2021