

NOTICE TO PHYSICIANS AND OTHER LICENSED PROVIDERS ORDERING LABORATORY TESTS

The UCLA Immunogenetics Center is committed to abiding by all applicable laws, rules and regulations. The lab demonstrates this commitment by acting ethically, honestly and with integrity in their billing practices. As part of this commitment, we are sending you this critical information.

Medical Necessity – Medicare will pay only for tests that meet the Medicare coverage criteria, and are reasonable and necessary to treat or diagnose an individual patient.

Links to billing resources follow below:

- National Coverage Decisions: www.cms.hhs.gov/mcd/overview.asp
- Medical National Coverage Determinations Manual: www.cms.hhs.gov/mcd/overview.asp
- Local Medical Review policies for Southern California: <http://www.cms.hhs.gov/manuals/downloads/pim83c13.pdf>

Advance Beneficiary Notice – Medicare rules prohibit the laboratory from billing the patient for laboratory tests for which the ICD-9 code(s) indicated by the provider do not support “medical necessity” unless an Advance Beneficiary Notice (*ABN) has been properly signed by the patient. It is the provider’s responsibility to ensure that the ABN is signed and sent to the lab.

Test Panels and Custom Profiles – If all the tests in a multi-test panel are not medically necessary, a physician is expected to order only the individual tests needed to treat the patient. The UCLA Immunogenetics Center may offer custom panels upon request, contact Maggie McGinley, Manager at 310-794-4448.

Tests which cannot be performed – Claims for reimbursement are submitted only for tests that have been both ordered and performed. If the laboratory receives a specimen without a test order or with an ambiguous order subject to multiple interpretations, the ordering physician will be contacted to determine what test(s) are to be performed before testing is conducted or a claim for reimbursement submitted.

Direct Billing and Laboratory Fee Schedules – Direct billing by the laboratory is required for physician ordered Medicare reimbursed laboratory tests. If a hospital laboratory performs a test referred by a physician, only the laboratory may legally bill Medicare for the test. A copy of the Medicare fee schedule for laboratory tests is available at the following link: <http://www.cms.hhs.gov/FeeScheduleGenInfo/>

Clinical Consultant – If you required assistance in ordering the appropriate laboratory tests for your patients, please contact one of the laboratory directors, Dr. Elaine Reed (310-794-4943) or Dr. Michael Cecka (310-825-6585) for assistance.

Physician Responsibility – A provision in the Balanced Budget Act of 1997 mandates that effective January 1, 1998 physicians who order diagnostic tests must provide to the supplier of such services the diagnostic or other medical information required in order for Medicare payment to be made to the supplier.