

Medicare Medical Necessity: When medical necessity is not met patients are financially responsible and need to be informed by the provider, and if the patient chooses to have the testing would sign an Advanced Beneficiary Notice (ABN), there may be screening tests with frequency reason for coverage and would need an ABN signed.

Providers are responsible to provide ICD-10 codes to the highest level of specificity. SCHS is requesting providers to review the guidance provided from CMS and Commercial Coverage policies for proper coding, documentation, and medical necessity requirements. below are a couple useful links:

Online ABN FORM: *If Medical Necessity is not met, or there is a frequency limit per CMS, and the collection is done by the provider clinic, a signed ABN should accompany the specimen and order to the laboratory.* ABNs: [English](#) or [Spanish](#)

- [Medicare Prevention Services - Quick Guide](#)
- [National Coverage NCD Report Results \(cms.gov\)](#)
- [Active LCDs - JF Part A - Noridian \(noridianmedicare.com\)](#)
- [Laboratory Table of Contents \(regence.com\) – Select Laboratory as the Category](#)
 - [Effective March 2025 - Screening Laboratory Testing](#)