



December 23, 2024

## **MEMO:** Laboratory Outreach Provider – Requisitions & Denials

This communication is to ask for your help as the ordering Provider / Clinic Manager to improve specific issues with incomplete requisitions, pre-authorizations, denials, and patient waivers.

Requisitions must be complete including: See attached Handout.

Common requisition issues – creating invalid lab orders

- o Patient demographics incomplete or missing information
- o Provider full name missing, incomplete, or illegible.
- Provider signature requisitions not signed, a signature is not required, but helpful. If not signed, we may contact the office for chart notes when necessary.
- o Diagnosis (ICD10 missing, illegible or invalid, not acceptable as primary ICD10)
- Missing dates (expected or collection date/times)
- o Specimen sources

**Denials** – avoidable write-offs: Patient must be informed and asked to sign "patient responsibility waiver commercial insurance" or "Medicare ABN" if they desired the test.

- Vitamin D is never covered for screening, this test is one of the highest denials for 2024
- Aptima Vaginitis Assay by NAA panel, and "Chlamydia/GC <u>Aptima Vaginitis Assay</u> by NAA" should not be for STD screening and requires preauthorization from insurance.
- ABNs missing for lab test with frequency limits, specific ICD10 screening or medical necessity is not met per guidelines for Medicare.
- No pre-authorization obtained for test(s) i.e., genetic testing, experimental (non-FDA approved)

We believe we can improve quality of care for lab testing, reporting, billing without the need for rework and improve our patient's experience if we work together on these issues.

We have a goal to reach out to you in 2025, with information on how your clinic is performing on these issues. If have questions please contact our Laboratory Support Services Supervisor: Wendy Capps at 541-706-6387.

On behalf of St. Charles Laboratories, we appreciate the opportunity to serve you and your patients.

Regards,

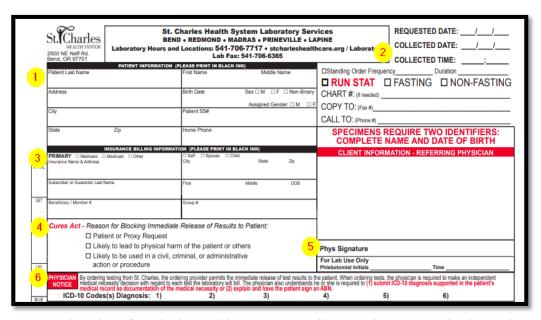
**SCHS Laboratory** 



## **Instructions for Properly Completing SCHS Lab Requisitions**

Providing a properly completed Lab Requisition is critically important for patient safety and required for St Charles laboratories to support documentation for any testing to be performed. Following the instructions below ensures a valid lab order is submitted to our laboratory.

- 1. Patient Information: Full legal name, Date of birth and legal Sex (as shown on their legal photo ID).
- 2. Specimen information:
  - Future order expected date (must not be more than one year in advance), if collected by office a collection date & time. Mark
    if priority is STAT; fasting or non-fasting; special reporting is desired (calling, copy or faxing results to a number different from
    the submitting clinic/provider on file.
  - Standing order must include frequency (daily, weekly, etc.) and duration (6 months, etc.), orders are only good for 1yr from order date.
- 3. **Billing:** Patient/Insurance completely fill out or write see attachment and provide a "patient details sheet" including billing information. We prefer copies of photo ID; copies of insurance cards front and back. **Direct bill to clinic** Only for established clients. Please contact Support Services Supervisor 541-706-6387 for more information for eligibility of direct client billing. Provider owned clinics are not eligible.
- 4. **Cures Act** Select blocking reason when appropriate. This will block immediate release of results to patients.
- 5. **Client information** must include clinic address, phone and provider's full name clearly printed. **Provider signature** on a requisition is encouraged. If requisition is not signed, for compliance to support lab testing was indicated, testing/billing must be documented in the patient's chart of the ordering clinic/provider.
- 6. **Provider Notice/Diagnosis**: a valid diagnosis (ICD Code(s) or narrative) is required and should be supported by the patient chart to document medical necessity,
  - ICD10 Codes that start with V, W, X, Y are unacceptable for lab services. BMI or Family history codes cannot be primary.
  - Medicare When ICD does not support medical necessity, please inform the patient. An ABN with patient signature must than accompany the requisition.
- 7. Source/Site for every culture is required, for urines indicate clean catch or voided.
- 8. Medicare screening test(s) require an ABN for Medicare, for frequency issue and the specific ICD codes. See <a href="https://www.cms.gov">www.cms.gov</a> for Medicare preventive services.
- 9. For testing, select from preprinted procedures on requisition or write test(s) under miscellaneous tests field.



Note: It is the policy of St. Charles Health System to not allow any physician or other licensed independent providers to prescribe for themselves or their family members. This includes ordering of tests, which are considered the practice of medicine and are not to be provided to oneself or a member of one's family

