

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

- Patient demographics - incomplete or missing information
- 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.
- Diagnosis (ICD10 missing, illegible or invalid, not acceptable as primary ICD10)
- Missing dates (expected or collection date/times)
- 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 *Aptima Vaginitis Assay 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 www.cms.gov for Medicare preventive services.
9. For testing, select from preprinted procedures on requisition or write test(s) under miscellaneous tests field.

St. Charles Health System Laboratory Services
BEND • REDMOND • MADRAS • PRINEVILLE • LAPINE
Laboratory Hours and Locations: 541-706-7717 • stcharleshealthcare.org / Laborat
Lab Fax: 541-706-6365

REQUESTED DATE: / /
COLLECTED DATE: / /
COLLECTED TIME: : :

PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)

1 Patient Last Name, First Name, Middle Name, Address, City, State, Zip, Home Phone, Birth Date, Sex, Assigned Gender, Patient SS#, Home Phone

Standing Order Frequency _____ Duration _____
 RUN STAT FASTING NON-FASTING
CHART #: (if needed) _____
COPY TO: (Fax #) _____
CALL TO: (Phone #) _____

INSURANCE BILLING INFORMATION (PLEASE PRINT IN BLACK INK)

3 PRIMARY Medicare Medicaid Other
Insurance Name & Address, City, State, Zip, Subscriber or Guarantor Last Name, First, Middle, DOB, Beneficiary / Member #, Group #

4 Cures Act - Reason for Blocking Immediate Release of Results to Patient:
 Patient or Proxy Request
 Likely to lead to physical harm of the patient or others
 Likely to be used in a civil, criminal, or administrative action or procedure

5 Phys Signature
For Lab Use Only
Phlebotomist Initials _____ Time _____

6 PHYSICIAN NOTICE: By ordering testing from St. Charles, the ordering provider permits the immediate release of test results to the patient. When ordering tests, the physician is required to make an independent medical necessity decision with regard to each test the laboratory will bill. The physician also understands he or she is required to (1) submit ICD-10 diagnosis supported in the patient's medical record as documentation of the medical necessity or (2) explain and have the patient sign an ABN.

ICD-10 Codes(s) Diagnosis: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____

7 Profile No CBC (inc LDH w the above)
MICROBIOLOGY (ID & Sens added if indicated)
SOURCE / SITE REQUIRED

Culture, AFB w/ smear
 Culture, Blood
 Culture, Fungus

8 Medicare Screening (ABN Required)
Abn for preventative services frequency and ICD-10 information
Lipid Panel Screen (Chol, Trig, HDL)
Dx: Z13.6

Diabetic Screen - (x) one below
 Fasting Glucose
 Glucose Tolerance Test _____ hr (1/2/3)
 Gestational GTT _____ hr (1/2/3)
Dx: Z13.1

Fecal Occult Blood (FOB)
 PSA Screen
Dx: Z12.5

HIV-1/HIV-2 Ab Screen (w/conf if pos)
 Hep C (HCV) Antibody w/Reflex

STIs Screening (X) below
 Chlamydia / GC DNA probe Trich
 Syphilis Screen (w/ confirmation if indicated)
 Hepatitis B Surface Antigen

9 MISCELLANEOUS TESTS

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