



REGULATIONS UPDATE

May, 2010

AMA Laboratory is reminding all our valued clients of the following items pertaining to CMS, CLIA and State regulations affecting compliance, billing, reimbursement and other regulatory issues.

SPECIFIC DIAGNOSIS REQUIRED ON ALL REQUISITIONS

Federal and State regulations, including those of Medicare and Medi-Cal, require that a specific diagnosis be given for any test ordered. All patient requisitions must have ICD-9 codes to the most specific degree possible and must be compatible with the tests being ordered. Please note that ordering tests for screening purposes is not allowed.

FILL OUT REQUISITION FORMS WITH REQUIRED INFORMATION

The following items need to be indicated on the requisition form:

- Patient Data: full name, home address, phone number, date of birth
- Insurance/ Medi-Cal/Medicare Information
- Ordering healthcare practitioner name, address, phone number , fax number
- Authorized healthcare practitioner signature
- ICD-9 code (must be most specific)
- Specimen collection information: date and time of collection and name of collector
- Tests being ordered

Note: Failure to provide the required information may delay or even cause cancellation of the test/s ordered.

SPECIMEN CONTAINERS MUST HAVE AT LEAST 2 UNIQUE IDENTIFIERS

At the minimum, all specimen containers must have the complete name AND date of birth. This is a CLIA requirement. Failure to comply delays the testing process and can result in the rejection of the specimen.

PATIENT SIGNATURE REQUIRED ON THE REQUISITION FORM FOR ALL MEDI-CAL PATIENTS

Pursuant to California Welfare and Institutions Code Section 14043.341, Medi-Cal beneficiaries must sign the test requisition form in the space provided prior to submission to the clinical laboratory. Delay in specimen processing and testing may occur if no beneficiary signature is included.

ADVANCED BENEFICIARY NOTICE of NON-COVERAGE (ABN)

Please note that physicians and other health care providers are responsible for ABN's being provided to, explained to and signed by patients before ordering any laboratory test for them. This ensures that patients are aware of their financial responsibility for tests that are not reimbursed by Medicare.

ANNUAL REVIEW OF PHYSICIAN CUSTOMIZED PANEL REQUIRED

CMS has a list of approved organ or disease-related test panels for which it will reimburse. These are printed on the back of the requisition form of AMA Laboratory. Any physician customized panel not part of this approved list has to be reviewed annually for medical necessity and time period within which the physician may order such panel. In addition, the ordering physician is required to have a statement acknowledging the medical necessity for such panels on file with the laboratory. Order individual test components separately if the entire disease panel is not medically necessary.

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