
**Annual Provider Notice
January 2021**

Dear Provider,

I am writing to you as the Compliance Officer for TriCore Reference Laboratories (TriCore) with important information regarding the ordering and processing of laboratory testing. The Office of Inspector General (OIG) encourages clinical laboratories to send notices to health care providers who use their services to inform them of the laboratory's policies for test ordering and billing and provide certain other information regarding the laws and regulations that govern laboratory services. If you have questions about the contents of this notice, we encourage you to contact us for more information.

Medical Necessity

As a healthcare provider, you may order any tests, including screening tests, which you believe are appropriate for the treatment of your patient. However, insurance claims submitted for laboratory services will only be paid by Medicare or other insurance payers if the service is "covered, reasonable, and necessary" as defined by payer-specific criteria and based on the primary ICD-10 code supplied for each test ordered. The medical necessity of each test ordered must be documented in the patient's medical record, signed by the ordering provider, and reflect all coding submitted on the lab order.

It is imperative that all diagnosis codes relevant to the patient's signs, symptoms or condition are provided with the order.

If TriCore receives an order without any diagnosis information or is unable to bill for testing performed because the coding supplied does not meet medical necessity requirements, we will attempt to contact your practice to gather additional coding information that may have been documented in the patient's chart but was not noted on the original lab order. To prevent false claim submissions, the laboratory will not assign diagnoses. Adding or changing a diagnosis code after a claim has been denied will be met with scrutiny by payers and TriCore will require documentation from the patient chart notes to support the change. To avoid the inconvenience and patient dissatisfaction, please provide all relevant information at the time of the order.

Screening/Preventive/Routine Lab Orders

Medicare *does not cover* any lab testing for routine and/or screening purposes (asymptomatic). However, Medicare *does cover* some preventive lab tests (PSA, Glucose, Lipids, etc.) if ordered as required by Medicare. For preventive benefit information including test names, CPT codes, required ICD-10 codes and frequency limitations, please reference:

<https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

When laboratory testing is ordered for screening purposes, the patient should be advised that payment may be denied by Medicare or other insurance plans. Each lab test ordered for screening purposes must have the appropriate screening ICD-10 code.

Advance Beneficiary Notices (ABN)

Medicare can deny reimbursement for tests based upon absence of medical necessity, tests specified for investigational use only, tests ordered for routine screening (including tests ordered only as pre-operative screening), and when preventive services are ordered more frequently than screening benefits cover.

To review the Local Coverage Determinations and National Coverage Determinations, visit

<http://www.tricore.org/providers> Scroll to: MEDICARE COMPLIANCE, COVERAGE DETERMINATIONS.

If a *non-covered* diagnosis is used, the patient must be *notified prior to specimen collection* and given the opportunity to sign the Advance Beneficiary Notice (ABN). The ABN must be completed for any Medicare patient where claim denial is suspected based on medical necessity or frequency limitations.

It is your responsibility to obtain a properly completed ABN if collecting specimens for testing from the Medicare beneficiary. Requesting the ABN on all Medicare beneficiaries is considered an unacceptable practice. For an ABN tutorial: <https://med.noridianmedicare.com/web/jfb/topics/abn/abn-tutorial>.

To obtain ABN forms in English or Spanish, visit <http://www.tricore.org/providers> Scroll to: DOWNLOADS, ABNs.

Organ/Disease Panels and Lab-Customized Panels

Review the components of all laboratory test panels, whether AMA or laboratory developed, and only order the panel when ALL the individual components are medically necessary as determined by specific ICD10 code(s) and documented in the patient's medical record. If any component is not medically necessary, order only those individual tests that are.

Reflex Testing

Some tests may trigger additional reflex testing and additional charges, based on laboratory policy that reflects standard of care or by request of the ordering provider. All procedures that contain a reflexive pathway are identified in TriCore's test directory, including criteria that will lead to these charges and the specific CPT code(s) used. See our website: <http://www.tricore.org/providers> Under: ORDER TESTS and use the TEST DIRECTORY SEARCH.

Preauthorization of Lab Orders

Preauthorization of certain lab testing (i.e., any genetic testing [e.g., BRCA1/2, Oncotype DX® Breast Cancer Assay], cytogenetics, allergy testing, celiac testing, preservation of stem cells, etc.) may be required by the patient's insurance provider. Any preauthorization paperwork must be completed by your office prior to submission of orders. Please include the preauthorization paperwork with the lab order, along with any related documentation.

Valid Laboratory Orders and Requisitions

Laboratory testing *must be ordered by a licensed provider* or other individuals authorized by law. If your license has been revoked or suspended, you may no longer order or refer for laboratory testing.

Effective January 6, 2014, CMS instructed the Medicare Administrative Contractors to turn on edits to deny claims for services ordered by providers who have not enrolled their National Provider Identifier (NPI) in the CMS internet-based Provider Enrollment Chain and Ownership System (PECOS). PECOS does require periodic re-enrollment. Please be aware of your status and complete paperwork in a timely manner to avoid being disenrolled and losing the ability to order services for Medicare beneficiaries.

Effective October 1, 2017, New Mexico Medical Assistance Division, Human Services Department began enforcement of required reporting of the referring/ordering provider on claims. In addition, all referring/ordering providers are required to be enrolled with the State of New Mexico Medicaid program and the Managed Care Organizations administering services to Centennial Care recipients. Please be aware of your status and complete paperwork in a timely manner to avoid losing the ability to order services for Medicaid recipients.

To ensure accurate testing, patient identification and timely reporting of lab results, lab orders must include the patient's full legal name, date of birth, all tests requested, all applicable ICD-10 codes, the date and time of collection (if collected at the provider's office), specimen source (when applicable), and the licensed ordering

practitioner's name and address. Tests reportable to state Departments of Health may also require additional patient demographics, including patient address.

COVID Requirements: The CARES Act requires the collection of specific data fields for SARS-CoV-2 (COVID) testing which must be submitted at the time of order so TriCore may provide them to the CDC or their designee. These fields are included on TriCore's COVID requisition and as answer-at-order-entry questions for interfaced orders and should be completed with as much information as your practice has available.

Recurring orders, or standing orders, are only acceptable in connection with extended treatment by the same ordering provider and with the same diagnosis code(s). Recurring orders must include both the frequency and duration of the order, not to exceed 365 days from original order date. Claims for reimbursements are submitted only for tests which have been both ordered and performed.

If TriCore receives a requisition with ambiguous orders subject to multiple interpretations, your practice will be contacted to determine what test(s) are to be performed. When inadequate or unacceptable specimens are received, testing will not be performed, and no claim will be submitted.

Clinical Consultants

Physicians and other clinicians authorized to order tests have the services of clinical consultants and toxicologists available to ensure proper test ordering and answer questions. They may be reached at 505-938-8888.

Specimen Collection

For updates to test and collection information please refer to TriCore's website:

<http://www.tricore.org/providers> Under: ORDER TESTS use the TEST DIRECTORY SEARCH.

For testing accuracy, specimens must be labeled with a *minimum of 2 unique identifiers*, e.g., patient name and date of birth. If the specimen is collected in your office, please attach a copy (front and back) of the patient's insurance card(s) to ensure proper billing. If incomplete insurance information is submitted, the patient may receive a bill.

State Reportable Conditions

New Mexico (NM) is a dual reporting state in that any person, including healthcare professionals and persons listed in Subsection L of 7.4.3.7 NMAC, having knowledge of a notifiable condition shall also report the condition to the NM Department of Health within the time and in the manner set out in the list of notifiable conditions.

Laboratory reporting, including Electronic Laboratory Reporting, is not the same as case reporting by healthcare providers. Reporting by laboratories does not nullify the healthcare provider's or institution's obligation to report diseases and conditions, nor does reporting by healthcare providers nullify the laboratory's obligation to report lab events.

CPT Code Updates

Updates are provided on TriCore's website <http://www.tricore.org/providers> Scroll to: RESOURCES and use the MASTER COMPENDIUM.

Provider Portal

TriCore's Provider Portal is a secure, web-based platform. To begin using TriCore's Provider Portal, send your request to portalrequests@tricore.org.

- Generate custom patient reports, whether you need a single result or a trend.
- Access longitudinal patient data, incorporating results for testing ordered by your practice and other facilities TriCore supports.

- Support your relationship with TriCore through live chat with agents, real time notifications, and management of your practice's exceptions.

Inducements

Federal law prohibits offering or paying any remuneration – meaning anything of value – to induce the referral of tests that are covered by Medicare, Medicaid, or other federal healthcare programs. Any form of kickback, payment or other remuneration that is intended to secure the referral of federal healthcare program testing business is strictly prohibited and should be reported to the TriCore Compliance hotline (1-844-276-2673).

TriCore will provide, as part of its services, such consumable items, devices or supplies used solely to collect, transport, process, and store specimens for testing by TriCore. Supply requests can be made by phone at 1-505-938-8957 or email to supplies@tricore.org. They may also be ordered online via <http://www.tricore.org/providers> Scroll to: ORDER SUPPLIES.

Other important information

Failure to provide sufficient information for TriCore to release a clean claim for processing and reimbursement may result in the services being directly billed to your practice.

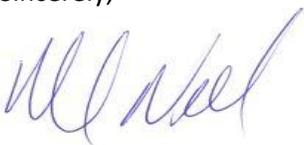
Medicaid reimbursement will be equal to or less than the Medicare reimbursement amount. Medicare's Clinical Laboratory Fee Schedule (CLFS), including all CPT codes, can be found at:

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/index.html>.

The OIG and Department of Justice take the position that an individual who knowingly causes a false claim to be submitted may be subject to sanctions or remedies available under civil, criminal and administrative law. TriCore will not knowingly bill Medicare for testing that is non-covered, unreasonable or unnecessary.

Thank you for partnering with TriCore Reference Laboratories.

Sincerely,



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Compliance Officer
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