



Provider Inquiry Assistance

Physician Signature Requirements for Diagnostic Tests – JA6100

Related CR Release Date: August 29, 2008 **Revised**

Date Job Aid Revised: February 12, 2009

Effective Date: January 1, 2003

Implementation Date: September 30, 2008

Note: MLN Matters article MM6100 was revised to remove a parenthetical statement, "(including x-ray, laboratory, and other diagnostic tests)," from the first bullet in bold below.

Key Words	MM6100, CR6100, R94BP, Signature, Diagnostic, Tests
Contractors Affected	<ul style="list-style-type: none"> • Medicare Carriers • Part A/B Medicare Administrative Contractors (A/B MACs) • Fiscal Intermediaries (FIs)
Provider Types Affected	Physicians and other providers who bill Medicare Carriers, FIs, or A/B MACs for diagnostic laboratory services provided to Medicare beneficiaries



The *Medicare Benefit Policy Manual*, Chapter 15 (Covered Medical and Other Health Services), Section 80 (Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests) Subsection 80.6.1 (Definitions) is being updated to incorporate language previously contained in Section 15021 of the *Medicare Carriers Manual* but inadvertently omitted when the *Medicare Benefit Policy Manual* was published.

Provider Needs to Know...	<ul style="list-style-type: none"> • A physician's signature is not required on orders for clinical diagnostic tests that are paid on the basis of: <ul style="list-style-type: none"> • Clinical laboratory fee schedule, • Medicare physician fee schedule, or • Physician pathology services. • While a physician's order is not required to be signed, the physician must clearly document in the medical record his or her intent that the test be performed.
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Background Language previously contained in Section 15021 of the *Medicare Carriers Manual* was inadvertently omitted when the *Medicare Benefit Policy Manual* was published.

**Operational
Impact** N/A

**Reference
Materials** The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6100.pdf> on the CMS website.

The official instruction (CR6100) issued regarding this change may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R94BP.pdf> on the CMS website. Providers will find the updated *Medicare Benefit Policy Manual* as an attachment to CR6100.
