



COMPLYING WITH DOCUMENTATION REQUIREMENTS FOR LABORATORY SERVICES



Target Audience: Medicare Fee-For-Service Providers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

The majority of improper payments for laboratory services identified by the [Comprehensive Error Rate Testing \(CERT\) Program](#) were due to insufficient documentation. Insufficient documentation means something was missing from the medical records. For example, the medical record was missing:

- Documentation to support intent to order, such as a signed progress note, signed office visit note, or signed physician order
- Documentation to support the medical necessity of ordered services

Remember the following tips to help you avoid errors.

DOCUMENTATION REQUIREMENTS

- The physician who treats a beneficiary must order all diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests for a specific medical problem. The physician uses the results to manage the beneficiary's specific medical problem and may furnish a consultation. Tests not ordered by the physician are not considered reasonable and necessary.
- The physician should clearly indicate all tests to be performed (for example, "run labs" or "check blood" by itself does not support intent to order) when completing progress notes.
- Documentation in the patient's medical record must support the medical necessity for ordering the service(s) per Medicare regulations and applicable Local Coverage Determinations (LCDs). Submit these medical records if they are requested.
- Keep these records available to submit upon request:
 - Progress notes or office notes
 - Physician order or intent to order
 - Laboratory results
 - Attestation or signature log for illegible signature(s)

For more information about **signature requirements and attestation statements**, refer to the Medicare [Simplifying Documentation Requirements](#) webpage or [Complying with Medicare Signature Requirements](#).

MEDICARE SIGNATURE REQUIREMENTS

- Unsigned physician orders or unsigned requisitions alone do not support physician intent to order.
- Physicians should sign all orders for diagnostic services to avoid potential denials.
- If the signature is missing on a progress note, which supports intent, the ordering physician must complete an attestation statement and submit it with the response. For an example of a signature attestation statement, visit the [CERT Provider website](#). If the signature is illegible, an attestation statement or signature log is acceptable.
- Attestation statements are unacceptable for unsigned physician orders or requisitions.

ORDERING OR REFERRING SERVICES

If you bill laboratory services to Medicare, you must obtain the treating physician's signed order (or progress note to support intent to order) and documentation to support medical necessity for ordered services. These records may be housed at another location (for example, a nursing facility, hospital, or referring physician's office).

If you order diagnostic services for Medicare patients, you must also maintain documentation of the order or intent to order and medical necessity of the services in the patient's medical record. Keep this information available and submit it, along with the test results, upon request for a Medicare claim review. For information on "access to documentation," refer to MLN Matters® Article [Clarification of Ordering and Certifying Documentation Maintenance Requirements](#).

While a physician 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.

Cooperation between ordering and referring providers and facilities that perform diagnostic tests is crucial to reducing errors and avoiding claim denials.

The Medicare Learning Network® (MLN) along with the CERT Part A and Part B (A/B) Medicare Administrative Contractor (MAC) Outreach & Education Task Forces, developed this fact sheet to provide nationally consistent education on topics of interest to health care professionals. Visit the [Centers for Medicare & Medicaid Services \(CMS\) CERT](#) webpage to learn about the CERT Program and review CERT Improper Payments Reports. CMS implemented the CERT Program to measure improper payments in the Medicare Fee-For-Service (FFS) Program. Under the CERT Program, a random sample of all Medicare FFS claims are reviewed to determine if they were paid properly under Medicare coverage, coding, and billing rules. Two contractors manage the CERT Program, the CERT Statistical Contractor (CERT SC) and the CERT Review Contractor (CERT RC). The CERT SC determines Medicare claims sampling and calculates the improper payment.



RESOURCES

For provider compliance information, visit the [Provider Compliance](#) webpage.

Table 1. Resources

Reference	Website
CMS CERT	CMS.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT
Code of Federal Regulations (CFR)	42 CFR 410.32(a) – Ordering Diagnostic Tests 42 CFR 410.32(d)(2)(i) – Medical Necessity GPO.gov/fdsys/pkg/CFR-2017-title42-vol2/pdf/CFR-2017-title42-vol2-sec410-32.pdf
Medicare Benefit Policy Manual, Chapter 15, Section 80.6, Requirements for Ordering and Following Orders for Diagnostic Tests	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
Medicare Claims Processing Manual Chapter 16, Laboratory Services	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c16.pdf
Medicare National Coverage Determinations (NCD) Manual, Chapter 1, Part 3, Section 190, Pathology and Laboratory	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part3.pdf
Medicare Program Integrity Manual Chapter 3 Section 3.2.3.3, Third-Party Additional Documentation Request Section 3.2.3.7, Special Provisions for Lab Additional Documentation Requests	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf
MLN Matters® Article, Clarification of Ordering and Certifying Documentation Maintenance Requirements	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9112.pdf
MLN Products	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts

Table 2. Hyperlink Table

Embedded Hyperlink	Complete URL
Centers for Medicare & Medicaid Services (CMS) CERT Comprehensive Error Rate Testing (CERT) Program	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT
CERT Provider Website	https://certprovider.admedcorp.com
Clarification of Ordering and Certifying Documentation Maintenance Requirements	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9112.pdf
Complying with Medicare Signature Requirements	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1246723.html
Provider Compliance	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html
Simplifying Documentation Requirements	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/SimplifyingRequirements.html

The Comprehensive Error Rate Testing (CERT) Part A and Part B (A/B) Medicare Administrative Contractor (MAC) Outreach & Education Task Force is independent from the Centers for Medicare & Medicaid Services (CMS) CERT team and CERT contractors, which are responsible for calculation of the Medicare Fee-For-Service improper payment rate.

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