



## Provider Compliance Tips for Lab Tests - Urinalysis



### What's Changed?

- Updated the improper payment rate for lab tests - urinalysis for the 2020 reporting period

You'll find substantive content updates in dark red font.

### Introduction

This publication educates providers on how to prevent denials for lab tests - urinalysis. This document outlines order requirements and offers compliance tips to help you identify the correct documents to maintain in the medical record.

### Provider Types Affected

Physicians and other Non-Physician Practitioners (NPPs) who write requisitions or orders for lab tests - urinalysis

## Background

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The Medicare Fee-for-Service (FFS) improper payment rate for lab tests - urinalysis for the 2020 reporting period is 11%, representing a projected improper payment amount of more than \$4.98 million.

## How to Prevent Denials

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The following conditions must be met:

- The physician or NPP treating the beneficiary must order all diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests. Tests not ordered by the physician or NPP treating the beneficiary aren't considered reasonable and necessary.
- The physician or NPP who orders the service must maintain documentation of medical necessity in the beneficiary's medical record.
- The entity submitting the claim must maintain the documentation it receives from the ordering physician or NPP, which includes:
  - Documentation showing accurate processing of the order and submission of the claim.
  - Diagnostic or other medical information supplied to the laboratory by the ordering physician or NPP (including any ICD-10-CM code or narrative description given).

## Orders

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Order requirements for diagnostic laboratory tests include:

- A signed order or signed requisition listing the specific test; or
- An unsigned order or unsigned laboratory requisition listing the specific tests to be performed AND an authenticated medical record that supports the physician or practitioner's intent to order the tests (for example: order labs, check blood, repeat urine); or
- An authenticated medical record that supports the physician or practitioner's intent to order the specific tests

**Note:** Please reference the [Medicare Program Integrity Manual, Chapter 6, Section 6.9.1](#), for more information regarding order requirements.

The physician, treating NPP, or office staff must:

- Hand deliver, mail, or fax a written document signed by the treating physician or NPP to the testing facility. No signature is required on orders for clinical diagnostic tests paid based on the clinical laboratory fee schedule, the physician fee schedule, or for physician pathology services.
- Telephone the testing facility.
- Email the testing facility. (Refer to the [Medicare Benefit Policy Manual, Chapter 15, Section 80.6 — Requirements for Ordering and Following Orders for Diagnostic Tests](#)).

**Note:** If the order is communicated via telephone, both the treating physician or NPP, office staff and the testing facility must document the telephone call in their respective copies of the beneficiary's medical records. While a physician order isn't required to be signed, the physician or NPP must clearly document, in the medical record, intent that the test be performed.

## Resources

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- [2020 Medicare Fee-for-Service Supplemental Improper Payment Data](#)
- [Code of Federal Regulations, Chapter 42, Section 410.32](#)
- [Medicare Benefit Policy Manual, Chapter 15, Section 80.6](#)
- [Medicare Program Integrity Manual, Chapter 6, Medicare Contractor Medical Review Guidelines for Specific Services, Section 6.9.1](#)

[Contact your MAC](#) for any updates or changes to the Policy Article (PA) and the LCD regarding policy and general documentation requirements

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