

# Medicare's Medical Coverage Determination and the Resulting ABN

Laboratory Education  
for  
Physician Office Staff

October 2016

## What is Medical Coverage Determination?

A Medical Coverage Determination expresses the determination, (or conclusion) of whether a health service (e.g., test, drug, device or procedure) is proven to be effective based on the published clinical evidence.

Source: [https://www.unitedhealthcareonline.com/b2c/CmaAction.do?channelId=cdc94e74bc62c010VgnVCM100000c520720a\\_\\_\\_](https://www.unitedhealthcareonline.com/b2c/CmaAction.do?channelId=cdc94e74bc62c010VgnVCM100000c520720a___)

This lab education session is focusing on Medicare's Medical Coverage Determination for the Medicare patient.

## What is an ABN?

An ABN is a written notice from Medicare, given to the patient before receiving certain services, notifying them that:

- Medicare may deny payment for that specific procedure.
- The patient will be personally responsible for full payment if Medicare denies payment.

An ABN gives the patient the opportunity to accept or refuse the services and protects the patient from unexpected financial liability in cases where Medicare denies payment. It also offers the patient the right to appeal Medicare's decision.

[http://www.musc.edu/medical\\_center/medicalnecessity/what\\_is\\_abn.html](http://www.musc.edu/medical_center/medicalnecessity/what_is_abn.html)

# How Does an ABN Effect Our Patient?

- If an acceptable code is not provided, the patient is confronted with an unnecessary bill.
- The patient's choice is to pay the bill or refuse to have the test done.
- Medicare will reimburse for tests ordered if a medically acceptable code is provided by the ordering physician.

According to Medicare laws, it is illegal for a laboratory to suggest an acceptable code to the ordering physician or apply an acceptable diagnostic code to the patient's order. **ALL DIAGNOSTIC CODING MUST BE PROVIDED BY THE PHYSICIAN.**

# Why is an ABN Important to All of Us?

- When the needed diagnosis stating medical necessity is not provided, our patients bear the impact of this situation.
  - A customer relations issue develops that our patients have no control over.
  - Meadville Medical Center faces significant potential loss each month due to ABNs.
- Increased phone calls from MMC will result as MMC staff seek an acceptable code from the physician.

# How does an ABN occur?

For many test groups, Medicare requires the physician to provide a medically acceptable diagnosis with the patient order, enabling patient reimbursement.

If an ordered test from one of these test groups does NOT have a medically acceptable diagnostic code provided for that particular test, an ABN is generated.

# Test Groups Requiring Medical Necessity

- Acute Hepatitis Panel / Hepatitis Panel
- Alpha-fetoprotein
- Allergy Testing/ IgE
- Blood Counts
- CA 15-3/CA 27.29 Tumor Antigen by Immunoassay
- CA 19-9 Tumor Antigen by Immunoassay
- CA 125 Tumor Antigen by Immunoassay
- Carcinoembryonic Antigen
- Chlamydia/GC
- Collagen Crosslinks, Any Method
- C-Reactive Protein (CRP)
- Digoxin Therapeutic Drug Assay
- Fecal Occult Blood Test
- Gamma Glutamyl Transferase (GTT)
- Glucose (Blood) Testing
- Glycated Hemoglobin(A1C) / Glycated Protein
- Histocompatibility Testing/ HLA-B27
- Human Chorionic Gonadotropin (HCG)
- Human Immunodeficiency Virus (HIV) Testing (Diagnosis)
- Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring)
- Iron (Serum) Studies
- Lipid Testing
- Pap Smear
- Partial Thromboplastin Time (PTT)
- Prostate Specific Antigen
- Prothrombin Time (PT)
- Thyroid Testing
- Urine Culture, Bacterial
- (Urine) Qual Drug Testing
- Vitamin B1, B2, B6, B12
- Vitamin D
- Vitamins E, A, K



# Which Tests Require Medical Necessity?



<b>LAB REQUEST FORM</b>	Patient Name			Ordering Physician (FNPP order-enter Phys in charge)	Date
	Last	First	M	Ordering NPP	Date of Birth
<i>CLINICAL DIAGNOSIS- TESTS THAT APPEAR IN THIS FONT require ICD-9 codes for medical necessity reasons. For compliance requirement, please number the Dx choice on the back of this form. Place Dx number to right of test ordered on front of form.</i>					

LIST OF BASIC CHEMISTRIES	OTHER CHEMISTRIES	HEMATOLOGY/ COAG	Coag Testing: Is patient on anticoagulant?
ALBUMIN	AFP_____ (include info. sheet)	CLOSURE TIME	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify
ALKALINE PHOSPHATASE	AMYLASE	FIBRINOGEN	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Stat <input type="checkbox"/> Fasting <input type="checkbox"/> Nonfasting <input type="checkbox"/> Male <input type="checkbox"/> Female
ALT (SGPT)	± ANTI NUCLEAR ANTIBODY (ANA)	FIBRIN SPLIT PROD (FDP)	
AST (SGOT)	<b>CA ANTIGEN 125 (CA-125)</b>	<b>PARTIAL THROMBIN TIME (PTT)</b>	
BILIRUBIN, DIRECT	CA 27.29	<b>PROTHROMBIN TIME (PT - INR)</b>	
BILIRUBIN, TOTAL	CEA	* CBC (PLATELET INCLUDED)	
BUN	CORTISOL <input type="checkbox"/> Am <input type="checkbox"/> Pm <input type="checkbox"/> Ran	* CBC & DIFF - AUTO	
CALCIUM	CPK, TOTAL	CBC & DIFF - MANUAL	
CARBON DIOXIDE	<input type="checkbox"/> CRP <input type="checkbox"/> CARDIO CRP	<input type="checkbox"/> HEMOGLOBIN <input type="checkbox"/> HEMATOCRIT	
CHLORIDE	CMV IgG, IgM AB	RETICULOCYTE COUNT	
CREATININE	EBV AB PANEL	SED RATE (ESR)	
<b>GLUCOSE (8-10 hr fast)</b>	ESTROGEN	<b>MICROBIOLOGY</b>	
PHOSPHORUS	<b>FERRITIN</b>	Sources:	
POTASSIUM	FOLATE (8-10 hr fast)	± CULT - ROUTINE (aerobic)	
PROTEIN, TOTAL	FOLLICLE STIMHORM (FSH)	± CULT - ANAEROBIC	
SODIUM	GLUCOSE, COLA 1 HOUR, PRUG	± CULT - FUNGAL	
PANELS	H-PYLORI <input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM	± CULT - VIRAL	
BASIC METABOLIC PANEL (8-10 hr fast)	<b>TRIG, TOTAL, QUANT</b>	DNA PROBE	
BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE	HEMOGLOBIN A1C	<input type="checkbox"/> CHLAMYDIA <input type="checkbox"/> G.C	
	HEMOGLOBIN ELECT	± CULT - THROAT W/ STREP BORN	
	<b>HIV SCREEN</b>		

**PATIENT INFORMATION** - Please report to outpatient registration before going to lab. Have your insurance cards, policy numbers, and billing addresses available for the clerks. If your insurer requires you to submit a claim form, please have it completed and signed. Thank You!

**Phlebotomy Hours**  
 Liberty Street, Fax 333-5188  
 Monday - Friday 7:30 AM - 6:00 PM  
 Saturday 8:00 AM - NOON  
 Grove Street, Fax: 333-5663  
 Monday - Friday 7:30 AM - 6:00 PM

Meadville Medical Center's *Lab Request Form* indicates tests requiring medical necessity **IN THIS FONT**.

# How to Prevent an ABN

1. Verify the patient is on Medicare.
2. Determine if the ordered test has medical necessity requirements.
3. See the *A-LIST (Medicare Coverage Determination Guide)* for coding assistance.



# A-List: Medicare Coverage Determination Guide

The A-List is a compilation of

- National Coverage Determinations
- Local Coverage Determinations
- Tests performed at MMC Lab with associated CPT codes.

The A-List is located on our website:  
lab.mmchs.org

**MEADVILLE MEDICAL CENTER** MORE THAN A HOSPITAL Contact Meadville: 814.333.5000 Contact Titusville: 814.827.1851  
Meadville Medical Center | MMC Foundation | Hospice of Crawford County | Locations | Payments

HOME **A-List** TEST MENU GENERAL REFERENCE SPECIMENS CONTACT US

## A-List (ABN's- Lab ICD-10 Search Tool)

Test Group Coverage Determination	CPT	MMC Tests	Details	Date Published
Acute Hepatitis Panel / Hepatitis Panel	80074	CODE LOOK UP Hepatitis Panel W/Rfx, Acute	Details	NCD July 2015
Alpha-fetoprotein	82105	CODE LOOK UP AFP Tumor Marker, Serum Integrated Screen Part 2 Maternal Quad Screen Maternal Serum AFP Maternal Serum Screen 5	Details	NCD July 2015
Allergy Testing	82785	CODE LOOK UP Gamma globulin (immunoglobulin); IgE	Details	LCD 10/01/15
	86003	Allergen specific IgE, each allergen		
Assays for Vitamins and Metabolic Function	Code lists are different for each test group.		Details	LCD 08/25/16
	82180	Assay of ascorbic acid		
	82306	Vitamin D 25 hydroxy		
	82379	Assay of carnitine		
	82607	Vitamin B12		
	82652	Vitamin D,1,25-Dihydroxy		
82746	Assay of folic acid serum			

### Additional Information

**What is the A-List?**  
How do I find the diagnostic information I need?

**National Coverage Determination (NCD) - Complete Document** (Published July 2015)  
[NCD documents appear in blue](#)

**LCD - PLEASE READ CAREFULLY**  
[Local Coverage Determination \(LCD\) documents appear in orange.](#) These documents are written differently than the NCD documents. Some test groups have specific coverage determinations for each test, and some test groups have special conditions.

**Quick Reference Chart** (Quick Reference Chart contains only data for the following):  
Stool-Colorectal Screen  
Pap Smear  
PSA Screen

**RESOURCES:**  
[Medicare NCDs](#)  
[Medicare Quick Reference Chart](#)  
[LCD-Active Test Group Index](#)  
[LCD-Laboratory Test List \(JL- LCD, located at bottom of page\)](#)

# A-list Contains 3 Types of Searchable Documents

- 1 Test Group Coverage Determination
- 2 MMC Tests
- 3 Details

Click on the blue name to open the document.

Each document is published in a searchable format, and updated as needed.

10/1/2016 A-LIST

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MORE THAN A HOSPITAL

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HOME A-LIST TEST MENU GENERAL REFERENCE SPECIMENS CONTACT US

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Test Group Coverage Determination	CPT	MMC Tests	Details	Date Published
<a href="#">Acute Hepatitis Panel / Hepatitis Panel</a>		CODE LOOK UP Hepatitis Panel W/Rfx, Accu	Details	NCD July 2015
<a href="#">Alpha-fetoprotein</a>	82105	CODE LOOK UP AFP Tumor Marker, Serum Integrated Screen Part 2 Maternal Quad Screen Maternal Serum AFP Maternal Serum Screen 5	Details	NCD July 2015
<a href="#">Allergy Testing</a>	82785 86003	CODE LOOK UP Gammaglobulin (immunoglobulin); IgE  Allergen specific IgE, each allergen	Details	LCD 10/01/15

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## 190.17 - Prothrombin Time (PT)

*Previously Listed as Edit 6*

*Other Names/Abbreviations*

PT

*Description*

Basic plasma coagulation function is readily assessed with a few simple laboratory tests: the Partial Thromboplastin Time (PTT), Prothrombin Time (PT), Thrombin Time (TT), or a quantitative fibrinogen determination. The PT test is one in-vitro laboratory test used to assess coagulation. While the PTT assesses the intrinsic limb of the coagulation system, the PT assesses the extrinsic or tissue factor dependent pathway. Both tests also evaluate the common coagulation pathway involving all the reactions that occur after the activation of factor X. Extrinsic pathway factors are produced in the liver and their production is dependent on adequate vitamin K activity. Deficiencies of factors may be related to decreased production or increased consumption of coagulation factors. The PT/INR is most commonly used to measure the effect of warfarin and regulate its dosing. Warfarin blocks the effect of vitamin K on hepatic production of extrinsic pathway factors.

A PT is expressed in seconds and/or as an international normalized ratio (INR). The INR is the PT ratio that would result if the WHO reference thromboplastin was used in performing the test.

Current medical information does not clarify the role of laboratory PT testing in patients who are self monitoring. Therefore, the indications for testing apply regardless of whether or not the patient is also PT self-testing.

*HCPCS Codes (Alphanumeric, CPT® AMA)*

Code	Description
85610	Prothrombin Time

*ICD-9-CM Codes Covered by Medicare Program*

The individual ICD-9-CM codes included in code ranges in the table below can be viewed on CMS' website under Downloads: Lab Code List. The link is: <http://www.cms.hhs.gov/CoverageGenInfo>

Code	Description
002.0-002.9	Typhoid and paratyphoid
003.0-003.9	Other Salmonella infections
038.9	Unspecified Septicemia
042	Human Immunodeficiency virus (HIV) disease
060.0-060.9	Yellow fever
065.0-065.9	Arthropod-borne hemorrhagic fever
070.0-070.9	Viral hepatitis
075	Infectious mononucleosis
078.6	Hemorrhagic nephrosonephritis

NCD 190.17

\*January 12 Changes – Red

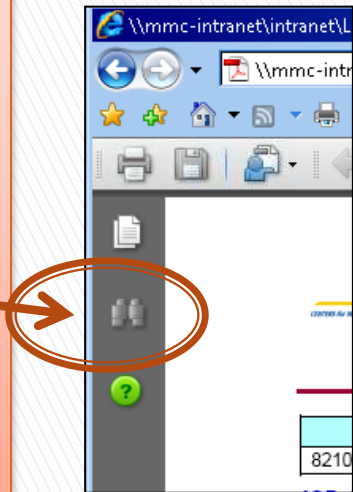
## Test Group Coverage Determination

- Links the complete document for the specific test group.
- Contains the legal document as published from the provider.

# MMC Test

All acceptable ICD-10 codes for each test group are listed.

To search for a specific item, press **Ctrl + F** or the binocular button and enter your search item.



## 190.16 - Partial Thromboplastin Time (PTT)

### HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
85730	Thromboplastin time, partial (PTT); plasma or whole blood

### ICD-10-CM Codes Covered by Medicare Program

The ICD-10-CM codes in the table below can be viewed on CMS' website as part of Downloads: Lab Code List, at <http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDs/ICD10.html>

Code	Description
A01.00	Typhoid fever, unspecified
A01.01	Typhoid meningitis
A01.02	Typhoid fever with heart involvement
A01.03	Typhoid pneumonia
A01.04	Typhoid arthritis
A01.05	Typhoid osteomyelitis
A01.09	Typhoid fever with other complications
A01.1	Paratyphoid fever A
A01.2	Paratyphoid fever B
A01.3	Paratyphoid fever C
A01.4	Paratyphoid fever, unspecified
A02.0	Salmonella enteritis
A02.1	Salmonella sepsis
A02.20	Localized salmonella infection, unspecified
A02.21	Salmonella meningitis
A02.22	Salmonella pneumonia
A02.23	Salmonella arthritis
A02.24	Salmonella osteomyelitis
A02.25	Salmonella pyelonephritis
A02.29	Salmonella with other localized infection

## Details

(From *Protime test group*)

“Limitation” and “Additional Coding Guidelines” often provide useful information for specific coding situations.

### Limitations

1. When an ESRD patient is tested for PT, testing more frequently than weekly requires documentation of medical necessity, e.g., other than chronic renal failure or renal failure unspecified.
2. The need to repeat this test is determined by changes in the underlying medical condition and/or the dosing of warfarin. In a patient on stable warfarin therapy, it is ordinarily not necessary to repeat testing more than every two to three weeks. When testing is performed to evaluate a patient with signs or symptoms of abnormal bleeding or thrombosis and the initial test result is normal, it is ordinarily not necessary to repeat testing unless there is a change in the patient’s medical status.
3. Since the INR is a calculation, it will not be paid in addition to the PT when expressed in seconds, and is considered part of the conventional PT test.
4. Testing prior to any medical intervention associated with a risk of bleeding and thrombosis (other than thrombolytic therapy) will generally be considered medically

NCD 190.17

\*January 12 Changes – Red

Fu Associates, Ltd.

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January 2012



### Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report

necessary only where there are signs or symptoms of a bleeding or thrombotic abnormality or a personal history of bleeding, thrombosis or a condition associated with a coagulopathy. Hospital/clinic-specific policies, protocols, etc., in and of themselves, cannot alone justify coverage.

### Additional Coding Guidelines

1. If a specific condition is known and is the reason for a pre-operative test, submit the text description or ICD-9-CM code describing the condition with the order/referral. If a specific condition or disease is not known, and the pre-operative test is for pre-operative clearance only, assign code V72.84.
2. Assign codes 289.8 – other specified disease of blood and blood-forming organs only when a specific disease exists and is indexed to 289.8 (for example, myelofibrosis). Do not assign code 289.8 to report a patient on long term use of anticoagulant therapy (e.g. to report a PT value or re-check need for medication adjustment.) Assign code V58.61 to referrals for PT checks or re-checks. (Reference AHA’s Coding Clinic, March-April, pg 12 – 1987, 2nd quarter pg 8 – 1989)



# Many Insurances Require Medical Necessity

Other insurances have similar requirements to Medicare. They follow the same guidelines as Medicare and will also deny payment.

Please be familiar with your patient's insurance and provide diagnostic information as needed.



Thank you for completing the  
**Medicare's**  
**Medical Coverage Determination**  
**and the Resulting ABN**  
educational module.

