



2020 Annual Notice to Physicians

This Annual Notice to Physicians will continue to be published each year with MBMC Laboratory Services information and it will no longer be printed and mailed.

The Office of Inspector General (**OIG**) recommends clinical laboratories send notices to physicians and other providers annually. Mississippi Baptist Medical Center (MBMC) asks ordering physicians and other individuals authorized by law to order laboratory tests to review the information contained in this notice.

Medical Necessity

Medicare will only pay for covered services that are reasonable and necessary for the patient's clinical condition. Upon request, laboratories must be able to obtain from the ordering provider the documentation to support medical necessity of any service billed by the laboratory. Medicare may deny payment for a test that the physician believes is appropriate but which does not meet coverage criteria or where documentation in the physician's records does not support that the tests were reasonable and necessary for a given patient. All organ or disease related panel components should be medically necessary.

The OIG takes the position that the physician and other authorized individuals who order medically unnecessary tests or who knowingly cause a false claim to be submitted to any federally funded program may be subject to sanctions or remedies available under civil, criminal, administrative law, and or civil monetary penalties.

MBMC Website Information

<http://mybaptist/MSregionals/MBMC/Pages/Laboratory.aspx>

<https://www.baptistonline.org/employees/mbmc-laboratory-services>

The MBMC Home page you will find links to several of the resources listed in this letter, as well as, this annual notice to physicians. Our laboratory information is listed under **MBMC Laboratory and Outreach Services**.

You will find direct links for the Laboratory Procedures List (**LPL**), a resource for additional testing information such as collection information, specimen stability, CPTs, and normal ranges.

https://eapps.mbhs.org/DocManagement/list.php?letter_passed=ALL

Reflexed and Supplementary Tests

One document lists the tests that may need supplemental testing or will be reflexed automatically and performed in designated circumstances due to regulatory requirements or good medical practice. You may locate this document directly through the webpage by either of the following links:

<https://www.baptistonline.org/employees/mbmc-laboratory-services>

[http://mybaptist/MSregionals/MBMC/PublishingImages/Pages/Laboratory/Compliance_%20%20Reflex%20or%20Supplementary%20Testing%20\(20149_1\).pdf](http://mybaptist/MSregionals/MBMC/PublishingImages/Pages/Laboratory/Compliance_%20%20Reflex%20or%20Supplementary%20Testing%20(20149_1).pdf)

Medical National and Local Coverage Determination

Medicare defines the medical conditions for which tests are covered or reimbursed. Healthcare professionals must provide the ICD codes for each test ordered. The Center for Medicare and

Medicaid Services (CMS) has developed National Coverage Determinations (**NCDs**). These guidelines give direction for medical necessity on selected tests.

CMS has authorized Medicare Administrative Contractors (**MACs**) to develop Local Coverage Determinations (**LCDs**). These guidelines may be in addition to the NCDs and give direction for medical necessity and frequency on selected tests. Mississippi's LCD is Novitas JH.

All coverage determinations may be viewed at: <https://www.cms.gov/medicare-coverage-database/>

Alert: Codes are moving out of LCDs and into Billing and Coding Articles!

One significant change is the relocation of codes (ICD-10-CM, CPT/HCPCS, Bill Type, and Revenue) from LCDs and into local coverage **Articles**. The MACs were instructed to begin relocating codes process began in January 2019 and is expected to continue through January 2020.

During this transition period, codes may be found in *either* an LCD or an Article. However, when a particular LCD has its codes removed, the Medicare Administrative Contractor (MAC) will create a Billing and Coding Article which will contain the codes. The LCD and the Billing and Coding Article are companion documents. They will be related to each other, and MAC users can see the relationship and access the related document by navigating to the "Related Local Coverage Documents" section in either the LCD or Article.

<https://www.cms.gov/newsroom/fact-sheets/summary-significant-changes-medicare-program-integrity-manual-chapter-13-local-coverage>

Requisition ordering

Physicians are required by Federal Law to provide a diagnosis that medically justifies a laboratory test or procedure for a patient at time of request. All ICDs should be designated in the spaces provided on the requisition. If no or invalid ICD codes are received, the physician's office will be contacted via fax and/or phone for appropriate ICD codes. A verbal diagnosis may be taken followed by written documentation within 24 hours. Failure to comply with this important billing information may result in the patient being billed, or if no valid Advanced Beneficiary Notice (ABN) is available, the clinic may be billed.

<https://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN>

Medicare Clinical Laboratory Fee Schedule

NPL (Non-patient Laboratory) and OP (outpatient) clinical laboratory services are paid based on the Medicare Laboratory Fee Schedule of which co-payments and deductibles do not apply. Medicaid reimbursement will be equal to or less than the amount of Medicare reimbursement. The Medical Clinical Laboratory Fee Schedule can be reviewed from the CMS website. The most current version located at: <https://www.cms.gov/medicare/medicare-fee-service-payment/clinicallabfeesched/clinical-laboratory-fee-schedule-files/20clabq1>

MBMC Laboratory Leadership

You may contact the laboratory directly at **601-968-3070** with any questions.

Dr. Steven Bigler, Anatomical Pathology Director

Dr. Kathryn Brown, Medical Director

Robert Barham, Laboratory Director

Jennifer Knight, Laboratory Manager

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