

Medicare policies and clarifications

Effective Feb. 21, 2002

- ☆ National policies apply to all Part B claims for clinical laboratory services, regardless of site.
- ☆ Use of “screen” or “screening” in a CPT code descriptor does not preclude Medicare coverage.
- ☆ Modifiers -59 and -91 are to be used for different defined situations.
- ☆ Signature of the ordering physician is not required on a laboratory test requisition.
- ☆ Appropriate ICD diagnosis codes can be assigned by laboratory personnel even if the ICD wording does not exactly match the narrative the ordering physician provided.
- ☆ Laboratories can use the narrative field on Medicare claims to report additional diagnosis codes.
- ☆ In the absence of matching of ICD codes to CPT codes by the provider, Medicare contractors must consider all diagnosis codes submitted when processing the claim.
- ☆ Frequency limitations cannot be used to deny claims unless the Medicare contractor or CMS has published information about the acceptable frequency
- ☆ Contractors cannot deny a claim based on a frequency limitation until after reviewing all relevant information submitted with the claim.