

LAB ALERT

Date: February 24, 2020

Information Regarding CMS Laboratory Date of Service Policy

As required by the Centers for Medicare & Medicaid Services (CMS) we need to notify clients of the following requirements:

14 Day Rule: In general, the date of service (DOS) for clinical laboratory diagnostic tests is the date of specimen collection, unless a physician orders the test at least 14 days following the patient's discharge from the hospital. When the "14 day rule" applies, the date of service is the date the test is performed, instead of the date of specimen collection.

Example: Specimen collected while the patient is an inpatient, but the test is not ordered/performed until 14 days post discharge. The date of service becomes the date performed.

Date of Service Policy for Advanced Diagnostic Laboratory Tests (ALDT's) and molecular pathology that have been excluded from the OPPS packaging policy

The date of service for the above testing will be the date the test was performed, if certain conditions are met (see conditions below). This date of service policy became effective beginning on January 1, 2018. *The policy will be strictly enforced starting on January 2, 2020.*

The date of service must be the date the test was performed only if the following conditions are met:

- The test is performed following a hospital outpatient's discharge from the hospital outpatient department;
- The specimen was collected from a hospital outpatient during an encounter
- It was medically appropriate to have collected the sample from the hospital outpatient during the hospital outpatient encounter;
- The results of the test do not guide treatment provided during the hospital outpatient encounter; and
- The test was reasonable and medically necessary for the treatment of an illness

If all of the above requirements are met, the date of service of the test must be the date the test was performed, which effectively separates the laboratory test from the hospital outpatient encounter. As a result, the laboratory performing the test must bill Medicare directly for the test.

Based on the above guidelines, it will be the responsibility of our clients to inform us if the above criteria are met in order for us to bill services correctly.

To notify Regional Pathology Services, please send an email to our Regional Pathology Billing Support staff at rpsbillingsupport@unmc.edu with the date of collection, patient demographic and insurance information including a diagnosis code.

The range of CPT and PLA codes affected by this policy:

- **81105 through 81596**
- **0004M through 0129U**

The complete policy, along with the list of tests subject to this exception can be found here:

[Laboratory Date of Service Policy | CMS \(https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Clinical-Lab-DOS-Policy\)](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Clinical-Lab-DOS-Policy)

If you have any questions or issues with these changes please contact client services at 402-559-6420 and ask to speak with one of the client coordinators.
