DANBURY HOSPITAL
A Higher Level of Care

Technically Speaking

C.S. Guidess, Editor

Department of Pathology
& Laboratory Medicine

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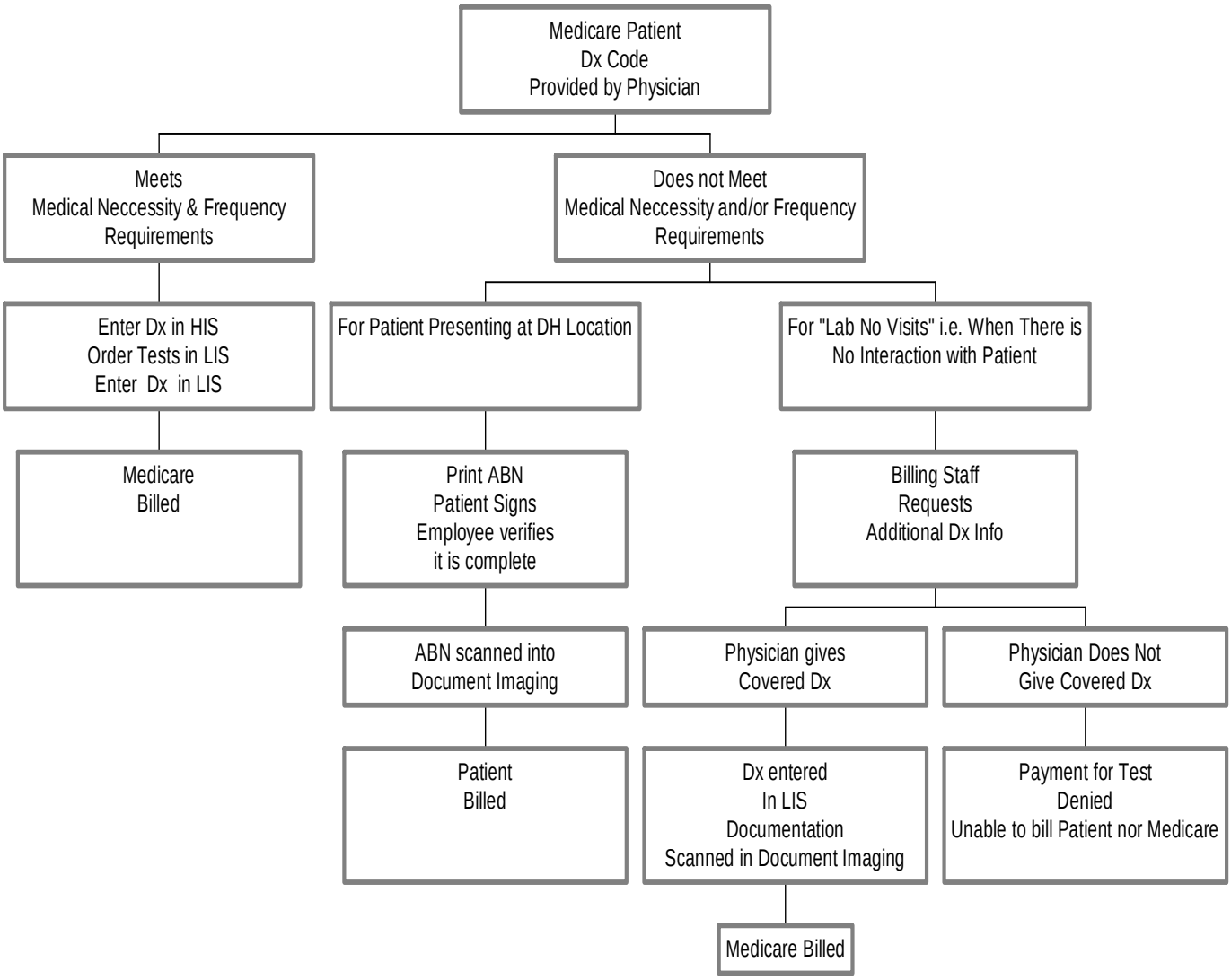
Annual Physician Notices

The Office of Inspector General (OIG) recommends that all clinical laboratories distribute an Annual Physician notice to health care providers who order laboratory testing. This notice serves to educate, update & inform on issues related to compliance, billing, and coding practices of the clinical laboratory.

- **Federal law requires that ordering physicians provide diagnostic information with every test requisition.** Laboratory coding updates & the Medicare laboratory fee schedule may be found on the following websites: LMRP at www.empiremedicare.com and NCD at www.cms.hhs.gov. Please be aware that organ & disease oriented panels will only be billed and paid when all the component tests of the panel are medically necessary. Also be aware that Medicaid reimbursement will be equal to or less than Medicare reimbursement.
- The Danbury Hospital Department of Pathology and Laboratory Medicine has specific policies regarding REFLEX TESTING & CRITICIAL ALERT VALUES. These are presented to the Executive Committee of the Medical Staff for review & approval on an annual basis. If desired, copies can be obtained by calling our Laboratory's Client Service Representative, Sandra Smith at 739-7800.
- Below are listed the laboratory clinical consultants and telephone number where they may be reached:

Ramon Kranwinkel, MD, Chairman	739-7338
Mary Chacho, MD, Cytology, Microbiology, Surg Path	739-7082
Jessica Dodge, MD, Microbiology, Autopsy Services Director	739-7034
Leonel Edwards, MD, Molecular, Core, Surg Path	739-7527
Hani El-Fanek, MD, Surgical Pathology	739-8137
Rina Siddiqui, MD, Cytogenetics, Molecular, Surg Path	739-7046
Steven Sieber, MD, Surgical Pathology	739-8002
Salvador Sena, Ph.D., Chemistry, Point of Care	739-7622
Rama Vidhun, MD, Surgical Pathology	739-8144
Jeffrey West, MD, Blood Bank, Hempath, Surg Path	739-8138

- The Centers for Medicare & Medicaid Services (CMS) requires Medicare carriers implement policies to ensure that services paid by Medicare are medically necessary. Local carriers have established limited coverage policies under which reimbursement for certain tests will only be approved if the tests are ordered for certain documented diagnoses and will not pay for tests ordered for "screening" purposes. If a limited coverage test is ordered for a diagnosis that is not on the Medicare's carrier's list of acceptable codes, Medicare will not pay. The patients are liable providing that an Advance Beneficiary Notice (ABN) has been given by the providers of these services and/or the ordering physicians prior to service. Without the ABN, services denied by Medicare as routine screening or not "medically necessary" cannot be billed to the beneficiary. See flowsheet.

Medical Necessity Process for Medicare Patients