Reasons for Denial

The following reasons are incorporated into each National Coverage Decision (NCD) but are applicable to all lab tests.

Note: This section includes CMS's interpretation of its longstanding policies and is included for informational purposes.

• Tests for screening purposes that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered except as explicitly authorized by statute. These include exams required by insurance companies, business establishments, government agencies, or other third parties.

• Tests that are not reasonable and necessary for the diagnosis or treatment of an illness or injury are not covered according to the statute.

• Failure to provide documentation of the medical necessity of tests may result in denial of claims. Such documentation may include notes documenting relevant signs, symptoms or abnormal findings that substantiate the medical necessity for ordering the tests. In addition, failure to provide independent verification that the test was ordered by the treating physician (or qualified non-physician practitioner) through documentation in the physician's office may result in denial.

• A claim for a test for which there is a national coverage or local medical review policy will be denied as not reasonable and necessary if it is submitted without an ICD-9/10-CM code or narrative diagnosis listed as covered in the policy unless other medical documentation justifying the necessity is submitted with the claim.

• If a national or local policy identifies a frequency expectation, a claim for a test that exceeds that expectation may be denied as not reasonable and necessary, unless it is submitted with documentation justifying the exceeded frequency.

• Tests that are not ordered by a treating physician or other qualified treating non-physician practitioner acting within the scope of their license and in compliance with Medicare requirements will be denied as not reasonable and necessary.

• Failure of the laboratory performing the test to have the appropriate Clinical Laboratory Improvement Amendments of 1988 (CLIA) certificate for the testing performed will result in denial of claims.

All tests that fall outside of the Correct Coding Initiative (CCI) edits or Medically Unlikely Edits (MUEs) and are not documented as medically necessary.

Note: All tests, not just those tests under LCD/NCD guidelines, can be denied by CMS Medical Review due to lack of medical necessity and/or proper documentation. Please submit all conditions, sign, symptoms and diagnoses pertinent to the patient testing.