

**To:** Orlando Health Physicians  
**From:** Orlando Health Laboratories  
**Date:** August 24, 2022  
**Subject:** Annual Physician Notice Regarding Orlando Health Laboratories

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Orlando Health Laboratories is providing this annual notice in accordance with the recommendations of the Office of Inspector General (OIG) to advise physicians of the elements of the laboratory's compliance program. This annual notice serves to provide helpful information regarding the ordering, performing, and billing of clinical laboratory tests. Please note these notices are intended to help both the physicians and laboratory comply with these regulations and promote the prevention of fraud, waste, and abuse.

**Advance Beneficiary Notice (ABN)** The Laboratory may bill Medicare Patients for services that are not covered. The ABN statement is used to document the patient is aware Medicare may not pay for services and has agreed to pay the laboratory in the event payment is denied. If you believe that Medicare will not pay for a test you have ordered, the patient should be made aware of the diagnostic value and make an informed choice about whether to receive laboratory services.

**Coordination of Benefits Questionnaire (COB)** Completion of COB is necessary for patients that have more than one health insurance policy. COB is necessary to reduce out of pocket expenses, ensure appropriate insurance coverage, and avoid duplication of payments.

**CPT Codes** Orlando Health Laboratories reviews CPT/HCPCS codes for additions, changes, revisions, and deletions on an annual basis. These additions, changes, revisions, and deletions could affect procedure coding and payment of laboratory tests. If indicated, specific CPT/HCPCS codes will be updated on the laboratory requisition form and the Laboratory test catalog. The services for outpatient clinical laboratory are paid based on a fee schedule in accordance with Section 1833(h) of the Social Security Act. Medicaid reimbursement will be equal to, or less than Medicare reimbursement.

**Diagnosis Information** Diagnosis codes are essential for correct billing. It is the provider's responsibility to ensure that correct diagnosis codes are included on the requisition. The diagnosis information should be relevant to testing requested that most accurately describes the patient's current condition. This information must be supplied with ICD-10 format.

**Electronic Orders** To facilitate compliance, the laboratory has electronic requisitions available for specimens sent to our laboratories, based on client needs and preferences. The electronic order system has flags and edits built in to notify the person using the system when medical necessity or billing requirements have been met.

**Medical Necessity** It is the OIG's position to recommend that the ordering of tests grouped into panels or profiles may result in medically unnecessary testing. Therefore, when Panels or Profiles are ordered, all the individual component tests should be medically necessary. In cases where only some of the component tests of a panel or profile are medically necessary, the individual tests desired should be ordered separately.

**Reflex Testing** Some lab tests may trigger reflex testing and additional charges based on laboratory policy that reflects standard of care or by request of the ordering provider. Procedures that contain a reflexive pathway can be found in Orlando Health's test directory. See our website <https://orlandohealthlaboratories.testcatalog.org/> for disclosure of reflexive criteria and the specific CPT code(s) used.

**Medicare National Coverage Determinations and Local Medical Review Policies** Local Medicare Contractors have been given the authority by CMS to adopt and implement Local Coverage Determinations (LCDs) for laboratory tests provided, the policy does not conflict with the National Coverage Determinations (NCDs). This information is available at <http://medicare.fcso.com>. This information is updated quarterly.

The Medical Director is responsible for the oversight of all the aspects of laboratory operations. Therefore, the fees associated with regulatory oversight may be indicated and assessed to the patient and/or the patient's insurance by Pathology Specialists, P.A.

Questions regarding information contained in this notice can be directed to the Orlando Health Laboratory Specialists at (321) 841-8194 or (321) 843-2636.