

Quiz: Medical necessity for labs

Circle the correct answer:

1. Medicare considers medical necessity to be a determination of whether a test is reasonable and necessary to diagnose or treat an illness or injury or to improve the functioning of a malformed body member.
 - a. True
 - b. False
2. What notices should labs provide to physicians each year?
 - a. The Medicare national policy and Medicare contractor LMRP for lab tests
 - b. That organ or disease-related panels will only be paid and billed when all components are medically necessary
 - c. The Medicare laboratory fee schedule and a statement informing the physician that the Medicaid reimbursement amount will be equal to or less than the amount of Medicare reimbursement
 - d. All of the above
3. Third parties may reimburse a service designated as noncovered under certain circumstances.
 - a. True
 - b. False
4. Which of the following are referring physicians required to do?
 - a. Include actual ICD-9-CM codes on a test order
 - b. List actual CPT codes on a test order
 - c. Provide a narrative description of signs/symptoms or diagnosis
 - d. Both a and c
5. Which of the following does the CMS consider to be a test order?
 - a. A written document signed by the treating physician that may be hand-delivered, mailed, or faxed to the testing facility
 - b. A telephone call by the treating physician or the treating physician's office to the testing facility
 - c. An e-mail by the treating physician or the treating physician's office to the testing facility
 - d. All of the above
6. What is an LMRP?
 - a. Low medical reimbursement payment
 - b. Local medical review policy
 - c. Last minute refusal to pay
 - d. Local medical reimbursement policy
7. Which of the following will Medicare contractors begin issuing by October?
 - a. National coverage determinations
 - b. Advance beneficiary notices (ABN)
 - c. Local coverage decisions
 - d. LMRPs
8. Providers can submit requests for reconsideration to have LMRP content modified.

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- a. True b. False
9. Facilities can obtain an ABN after a patient has received a diagnostic test.
a. True b. False
10. In the absence of signs or symptoms, how does Medicare describe a diagnostic exam?
a. Preventive
b. Screening
c. Diagnostic
d. None of the above

Answer key

1. a. True
2. d. All of the above
3. b. False
4. c. Provide a narrative description of signs/symptoms or diagnosis
5. d. All of the above
6. b. Local medical review policy
7. c. Local coverage decisions
8. a. True
9. b. False
10. b. Screening

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