Diagnosis Requirements for Laboratory Orders

**REMINDER**
Since 2003, the Centers for Medicare and Medicaid Services has required that laboratory orders include a valid ICD-9 code. Laboratories cannot submit a claim without this information. This applies to all orders (requisitions). As a result of these requirements, commercial insurances also require ICD-9 coding on all claims.

**EXAMPLE**
When a laboratory order does not have an ICD-9 code, staff must:

- Contact your practice and interrupt the workflow to request the ICD-9 code. We understand this is an inconvenience for your office and for the patient.

In the case of your Medicare patients, correct diagnostic information determines whether an Advanced Beneficiary Notice is needed. If the laboratory order does not include a valid diagnosis code, the patient may:

- Be responsible for payment of the laboratory test
- Refuse the test because of concern they may be responsible for payment

**SOLUTION**
Take the time to determine the correct ICD-9 diagnosis code (to the highest specificity) and include it on each laboratory order.

As standard processes continue to focus on electronic communication (e.g. Electronic Medical Records), it is imperative that correct ICD-9 codes be included on all laboratory orders.

As your laboratory knowledge partner, we want to help you comply with the law, ensure uninterrupted test results reach you in a timely manner, and maintain financial reimbursement for all claims.

**QUESTIONS?**
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