



Reasons for Denial for All Lab NCDs

NOTE: This section includes CMS's interpretation of its longstanding policies pertaining to nationally covered laboratory services, 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.
- Tests for administrative purposes, including exams required by insurance companies, business establishments, government agencies, or other third parties, are not covered.
- Tests that are not reasonable and necessary for the diagnosis or treatment of an illness or injury are not covered by statute.
- Failure to provide documentation of the medical necessity of tests might result in denial of claims. The 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 nonphysician practitioner) through documentation in the physician's office might result in denial.
- A claim for a test for which there is a national coverage policy will be denied as not reasonable and necessary if the claim is submitted without an ICD-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 coverage 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 increased frequency.
- Tests that are not ordered by a treating physician or other qualified treating nonphysician 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 clinical laboratory performing the test to have the appropriate Clinical Laboratory Improvement Amendments of 1988 (CLIA) certificate will result in denial of claims.