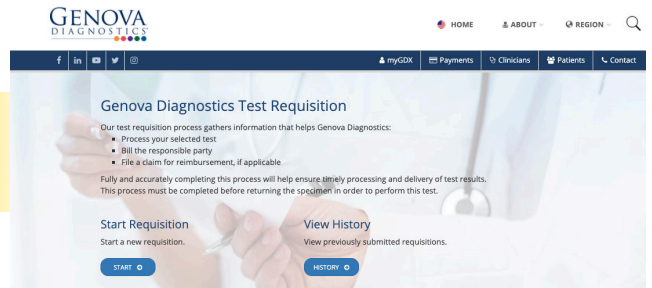


Physician checklist for registering Medicare and other federally insured patients

For the simplest and best experience, register online at www.gdx.net/ereq



Individually check or indicate all tests which should be performed*

Sign and date the requisition form

Document the service, sign, and date the patient's record**

The steps listed above are required by Medicare. Your office may be contacted by the laboratory or Medicare if these steps are not performed.

Do not check this box. If you wish to order all tests in the profile, please check each individual test below.

Check each test to be performed.

GI Effects® Comprehensive Profile #2200

Profile Components	CPT Codes
<input type="checkbox"/> DNA NOS Amplified Probe	87798 x 24
<input type="checkbox"/> Assay Test for Blood, Fecal	82274
<input type="checkbox"/> Col-Chr/MS Quan 1 Stationary&Mobile Phases NES	82542
<input type="checkbox"/> Secretory IgA	82784
<input type="checkbox"/> Long Chain Fatty Acids	82725
<input type="checkbox"/> Cholesterol, Phospholipids & Triglycerides	82715 x 3
<input type="checkbox"/> Pancreatic Elastase	82656
<input type="checkbox"/> Parasitology Identification, Concentrate	87177
<input type="checkbox"/> Parasitology Identification, Trichrome Stain	87209
<input type="checkbox"/> Parasite, Multiplex PCR	87505
<input type="checkbox"/> Cryptosporidium, PCR	
<input type="checkbox"/> Entamoeba histolytica, PCR	
<input type="checkbox"/> Giardia lamblia, PCR	
<input type="checkbox"/> Cyclospora, PCR	
<input type="checkbox"/> Calprotectin	83993
<input type="checkbox"/> Eosinophil Protein X (EPX)	83520
<input type="checkbox"/> Bacteriology, Aerobic	87045
<input type="checkbox"/> Bacteriology, Aerobic	87046 x 3
<input type="checkbox"/> B-Glucuronidase	84311
<input type="checkbox"/> Bacteriology, Anaerobic	87075
<input type="checkbox"/> Yeast Culture	87102

*All claims submitted to Medicare/ Medicaid for Genova Diagnostics' laboratory services must be for tests that are medically necessary. "Medically necessary" is defined as a test or procedure that is reasonable and necessary for the diagnosis or treatment of illness or injury, or to improve the functioning of a malformed body member. Consequently, tests performed for screening purposes will not be reimbursed by the Medicare program. Physicians may deem it medically necessary to order a single test or a portion of a profile.

**Please see reverse page for additional details regarding Medicare compliance.

Have questions? Please contact us at 800-522-4762



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5 Five Ways to Ensure Medicare Compliance



There are five key things to remember when billing tests to Medicare:

1. Healthcare Provider Must be Authorized to Refer Medicare Beneficiaries for Testing

The referring health care provider must be authorized to order and refer testing under Medicare guidelines. Additionally, the provider must be enrolled in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS). If Opted Out with the Medicare Administrative Contractor (MAC), the provider must still enroll with PECOS solely to order/refer services.

• Learn more about these requirements at www.gdx.net/billing/pecos.

2. Ensure the Test Ordered is Medicare Eligible

Certain Genova tests and profiles are not utilized for diagnostic purposes or treatment and a few are statutorily non-covered. Learn more at www.gdx.net/patients/billing-and-payments/medicare or view your fee schedule.

When viewing your fee schedule, keep in mind that tests which have an MC next to them are statutorily non-covered and the patient will be responsible for payment of the cash price of the test. Medicare defines medical necessity as health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

Medicare also has limited coverage policies for certain laboratory tests which define medical necessity criteria in order for those tests to be covered by Medicare. The following links to National Coverage Policies issued by CMS and Local Coverage Policies issued by Medicare Administrative Contractor, JM Palmetto are provided for your information.

[National Coverage Determinations Alphabetical Index](#)

[Local Coverage Determination List – JM Palmetto](#)

3. Legibly Sign the Requisition

The health care provider's signature on the requisition proves to Medicare that you intended to order the selected laboratory test(s).

As a Medicare provider, Genova Diagnostics must obtain your signed order or documentation of intent to order diagnostic laboratory tests in order to comply with Medicare and other government payor requirements. For additional information regarding these requirements, refer to the CMS or CMS Medicare Learning Network.

4. Document the Test Name and Medical Necessity in the Medical Record and/or Progress Notes

Medicare requires health care providers to document all test orders, including the test name(s) and medical necessity, in the Medical Record and/or Progress Notes.

Medicare conducts regular audits to ensure that the progress notes and/or medical records are properly documented. Your documentation helps maintain Medicare compliance.

5. Legibly Sign and Date the Medical Record and/or Progress Notes

Medicare requires that the physician clearly indicate all tests to be performed when completing progress notes (for example, "run labs" does not support an intent to order laboratory tests). Your documentation in the patient's medical record must support the medical necessity for ordering the test(s) per Medicare regulations.

Medicare conducts regular audits to ensure that the progress notes and/or medical records are properly documented, and these must be submitted. Your documentation is essential to demonstrate the patient's need for the tests, and therefore compliance with Medicare guidelines.



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