

Medical Coverage Policies

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Date of Service (DOS) for Laboratory Specimens for Local Participating Providers

EFFECTIVE DATE	06/16/2009	LAST UPDATED	06/16/2009
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Description:

This is an administrative policy to document payment by date of service (DOS) for laboratory specimens as defined by Center for Medicare and Medicaid Services on August 17, 2007:

40.8 - Date of Service (DOS) for Laboratory Specimens

(Rev. 1319, Issued: 08-17-07, Effective: 01-01-07, Implementation: 01-01-08)

The date of service policy for laboratory tests is as follows:

General Rule: The DOS of the test shall be the date the specimen was collected.

Variation: If a specimen is collected over a period that spans two calendar days, then the DOS shall be the date the collection ended.

Exceptions: The following two exceptions apply to the DOS policy for laboratory tests:

A. DOS for Tests Performed on Stored Specimens:

In the case of a test performed on a stored specimen, if a specimen was stored for less than or equal to 30 calendar days from the date it was collected, the DOS of the test must be the date the test was performed only if:

- The test is ordered by the patient's physician at least 14 days following the date of the patient's discharge from the hospital;
- The specimen was collected while the patient was undergoing a hospital surgical procedure;
- It would be medically inappropriate to have collected the sample other than during the hospital procedure for which the patient was admitted;
- The results of the test do not guide treatment provided during the hospital stay; and
- The test was reasonable and medically necessary for treatment of an illness.

If the specimen was stored for more than 30 calendar days before testing, the specimen is considered to have been archived and the DOS of the test must be the date the specimen was obtained from storage.

B. DOS for Chemotherapy Sensitivity Tests Performed on Live Tissue:

In the case of a chemotherapy sensitivity test performed on live tissue, the DOS of the test must be the date the test was performed only if:

- The decision regarding the specific chemotherapeutic agents to test is made at least 14 days after discharge;
- the specimen was collected while the patient was undergoing a hospital surgical procedure;
- It would be medically inappropriate to have collected the sample other than during the hospital procedure for which the patient was admitted;
- The results of the test do not guide treatment provided during the hospital stay; and
- The test was reasonable and medically necessary for treatment of an illness.

For purposes of applying the above exception, a "chemotherapy sensitivity test" is defined as a test that requires a fresh tissue sample to test the sensitivity of tumor cells to various chemotherapeutic agents. CMS identifies such tests through program instructions issued to the Medicare contractors.¹

Policy:

Not applicable.

Coverage:

For participating facilities **ONLY**:

If the decision to send out the specimen is made at least 14 days (i.e., 14 or more days) after discharge, and the specimen arrives at lab more than 30 days after discharge, we will allow the specimen to be reported as the date it is received, which would be outside the hospital payment. If it is ordered 13 days or less after discharge **OR** is received 30 days or less after discharge, it is dated as the date of the procedure and is the facility obligation.

As defined in the description, Blue Cross Blue Shield of Rhode Island will follow CMS guidelines regarding the date of service of laboratory specimens.

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/Rlite Care contract for applicable laboratory coverage/benefits.

Codes:

Not applicable

Published:

Provider Update, September 2009

References:

¹Accessed 6/4/09:<http://www.cms.hhs.gov/transmittals/downloads/R1319CP.pdf>.

Lusky, K. Wins, worries on reimbursement battlefields. College of American Pathologists;2008 Archive. Accessed on June 4, 2009: <http://www.cap.org>.

Office of Inspector General. *Review of Medicare Payments to VNA Care Network, Inc., for home health services preceded by a hospital discharge*. July 2007. Accessed on June 4, 2009: <http://www.oig.hhs.gov/oas/reports/region1/10600514.pdf>.

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