

# **Sarah Bush Lincoln Hospital Laboratory Department**

## **Physicians Notice – 2026**

Sarah Bush Lincoln Hospital Laboratory Department is committed to maintaining the integrity, reliability, and ethical standards required for participation in federally funded healthcare programs. In accordance with Office of Inspector General (OIG) guidance for clinical laboratories, this annual notice outlines laboratory ordering and billing requirements for Medicare, Medicaid, and other federally funded healthcare programs.

### **Medical Necessity**

Providers should order only laboratory tests that are medically necessary for the individual patient and include appropriate ICD-10 diagnosis information or supporting clinical documentation. Providers are responsible for ensuring laboratory orders and supporting clinical documentation are complete, accurate, and consistent with applicable federal, payer, and medical necessity requirements.

#### Providers should:

- Order only medically necessary testing
- Provide diagnosis information supporting ordered tests
- Order individual tests or smaller panels when all components of a profile/panel are not clinically indicated
- Avoid ordering tests solely for screening or convenience unless covered under payer policy
- Understand that medically unnecessary testing may result in claim denials and regulatory concerns

### **Coverage Determinations**

Coverage requirements for certain laboratory services are established by CMS through National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs).

CMS Coverage Database: <https://www.cms.gov/medicare/coverage/center>

### **Advance Beneficiary Notice (ABN)**

An ABN should be completed when testing may not meet Medicare medical necessity requirements, exceeds frequency limitations, or may otherwise be considered non-covered. The ordering provider is responsible for obtaining required ABN documentation when applicable.

### **Panels, Profiles, and Reflex Testing**

- Medicare requires all components of AMA-defined organ and disease-oriented panels to be performed and medically necessary before panel billing
- Reflex and confirmation testing may be performed when established criteria are met and may generate additional charges
- Certain laboratory profiles include components necessary for medically valid results

Click below for additional details:

- [Standard laboratory profiles and components](#)
- Reflex/confirmation testing criteria and CPT codes- See Website
- [AMA-approved panels and CPT codes](#)

### **Coding and Date of Service**

Laboratory services are billed according to current payer requirements, CPT coding guidelines, and CMS Laboratory Date of Service (DOS) requirements. CPT codes are provided for reference and may vary by payer.

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The linked panels, profiles, and reflex testing criteria are incorporated as part of this annual notice and are subject to revision based on regulatory, payer, and laboratory requirements.

### **Questions**

Customer Service: 217-258-4005 | 1-800-573-1940

Thank you for your partnership and commitment to appropriate laboratory utilization and patient care.