



Request for Additional Information

Account #:	Client Name:	Ordering Physician:		
Address:	City:	State:	Zip:	

The following request for additional information is being provided to obtain the required missing/incomplete patient demographics and/or insurance information, or the DX code which was not submitted on the original requisition, or the DX code which was not coded to the highest level of specificity for the laboratory test(s) ordered. A **XXX** in the box means the information is not required, if the box is left blank the information is required.

For your convenience, enclosed are links to the National and Local Coverage Determination Guidelines relevant for the testing provided by MD Labs along with CMS Coverage Guidelines. **Medicare will only pay for the tests that are medically reasonable and necessary based on the clinical condition of each individual patient.**

Date of Request:				
Req #:				
Last Name:				
First Name:				
Date of Birth:				
Date of Service:				
Invalid DX Code(s) Provided:				
Provide Valid DX Code(s): <i>Signature required below</i>				
Medical Records Request:	XXX	XXX	XXX	XXX
Patient Address: <i>Attach Patient Face Sheet</i>	XXX	XXX	XXX	XXX
<i>Provide Insurance Information by entering data below, attaching front/back copy of card, or attaching EMR Lab Req printout</i>				
Insurance Company Name:	XXX	XXX	XXX	XXX
Address 1:	XXX	XXX	XXX	XXX
Address 2:	XXX	XXX	XXX	XXX
City, State Zip:	XXX	XXX	XXX	XXX

Fax completed form to: 775-499-5146 Attn: Billing
or mail to: MD Labs 10715 Double R Blvd, Ste. 102 Reno, NV 89521 Attn: Billing

Should you have any questions or concerns, call MD Labs Billing Department at 775-499-5150.

I have documentation supporting the medical necessity of these laboratory test(s) in the patient's medical record for the date of service above. I understand that the Office of the Attorney General requires such documentation in the patient's medical record, including the date of service, diagnostic code(s), tests ordered and documentation to support medically necessity.

Ordering Physician's Signature required (written or electronic) when you are providing any DX information.

Physician Name: _____

Physician Signature: _____ **Date:** _____



National, LCD, and CMS Guidelines

Division	LCD # Article #	Title	Link
Toxicology	LCD L36668	Controlled Substance Monitoring and Drugs of Abuse Testing	https://med.noridianmedicare.com/documents/10546/6990981/Lab+Controlled+Substance+Monitoring+and+Drugs+of+Abuse+Testing+LCD
	Article A55001	Controlled Substance Monitoring and Drugs of Abuse Testing	https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=55001
Gastrointestinal	LCD L37350	Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification Tests (NAATS)	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=37350&ContrId=364
	Article A56706	Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification Tests (NAATS)	https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=56706
Cancer Genetics	LCD L36161	MoIDX: BRCA1 and BRCA2 Genetic Testing	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=36161&ContrId=364
	Article A57354	MoIDX: BRCA1 and BRCA2 Genetic Testing	https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57354
	LCD L36370	MoIDX: Genetic Testing for Lynch Syndrome	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=36370&ContrId=364
	Article A54995	MoIDX: Genetic Testing for Lynch Syndrome	https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=54995
Pharmacogenomics	LCD L38335	MoIDX: Pharmacogenomics Testing	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=38335
	Article A57384	MoIDX: Pharmacogenomics Testing	https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57384&ver=5&LCDId=38335&bc=AAAAAAAAAAAA&
Respiratory	LCD L37301	MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=37301&ContrId=364
	Article A57338	MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels	https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57338
STI/STD	NCD 210.10	NCD for Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling to Prevent STIs	https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=352&ncdver=1&TAId=41&CoverageSelection=Both&NCSelection=NCA%7CCAL%7CNCD%7CMEDCAC%7CTA%7CMCD&ArticleType=Ed%7CKey%7CSAD%7CFAQ&PolicyType=Final&Keyword=inpatient+rehabilitation&KeywordLookup=Doc&KeywordSearchType=And&kq=tr ue&bc=IAAABAAAA&