American
Clinical Laboratory
Association

Medical Documentation of Clinical Laboratory Services – The Need for Burden Reduction

Both ordering physicians and clinical laboratories bear the burden of producing documentation, largely through Medicare audits, to show medical necessity of laboratory tests physicians order. The administrative burden required to respond to the documentation requests frequently for basic laboratory tests is enormous drawing physicians away from caring for patients. This is occurring at a time when the Centers for Medicare and Medicaid Services (CMS) priority "Patients Over Paperwork" initiative aimed at increasing efficiencies and reducing unnecessary burden that gets in the way of providers spending time with patients is said to be in full swing. Current CMS documentation standards also run counter to how physicians actually document medical necessity and their intent to order laboratory services seeming to call into question clinical decision making.

For over a decade, ACLA has worked with CMS to address significant problems with the current laboratory test documentation requirements. As recently as late January 2019, CMS indicated its interest in how it could continue getting better documentation from physicians to laboratories when there are requests for documentation through education, and "how to get the physician to sign the requisition and turn over the medical necessity details." Frequently, the documentation is sought for commonly-ordered basic laboratory tests. **The solution is not continued education on a broken process, but CMS rework of its current guidance on documentation requests to reduce the unnecessary burden on physicians and laboratories alike**.

Documentation Requested of Physicians and Laboratories

The documentation requirements are near impossible for both ordering physicians and laboratories resulting in artificially high error rates and requiring extensive resources for no real gain. Medicare auditors often ask for documentation showing that the ordering physician intended to order a test and that the test was medically necessary. Common laboratory tests for which documentation is often requested include lipid panels, and hemoglobin A1c, glucose, total bilirubin and thyroid stimulating hormone (TSH) testing.

While a physician's intent to order and the reasonableness of the test is easy to see from a test requisition[1], auditors often second-guess the information on a test requisition and require additional information from the patient's medical record, such as signed progress notes, a handwritten list of ordered tests with a signature next to it, or a physician's signed attestation of his or her intent to order the test. If a physician's office calls in an order for a laboratory test, auditors have demanded both (a) a note with specific information in the patient's medical record signed by the person who called in the order, and (b) a note made by the laboratory personnel receiving the call.

Requirements for this kind of documentation fail to recognize the way physicians record their interactions with patients and other health care providers. **Not surprisingly, the overwhelming**

[1] The requisition includes name of the ordering physician, the date and time of the order, the specific tests that were ordered, and relevant diagnoses

majority of improper payments for laboratory services found by Medicare auditors are because the documentation does not meet these unreasonable standards, not because the laboratory tests were not reasonable and medically necessary.

The Impact of Documentation Requests for Laboratory Services

Physicians ordering laboratory tests create much of the documentation that auditors demand to see and consequently bear a great deal of the production burden. Given the sheer volume of requests and types of documentation requested, significant time and expense is incurred that does not relate in any way to patient care. Frequently, the medical necessity and intent to order the laboratory services are readily apparent. Further, a test requisition that includes valid ICD-10 codes, coupled with the test results is *prima facie* evidence that the physician intended to order what he or she believed in the exercise of clinical judgment to be medically necessary tests to diagnose and/or guide treatment. In addition, being subjected to audit requests related to laboratory tests could invite unwarranted scrutiny of the practice's broader coding and documentation.

Working Together to Reduce The Burden of Medical Documentation for laboratory tests

For many years, laboratories have engaged directly with CMS on ways to reduce the regulatory burden associated with documentation for laboratory testing. Laboratories remain committed to working with ordering physicians, CMS, and other stakeholders to clarify and standardize medical documentation requirements for laboratory tests, and to improve and streamline the process by which such documentation is produced in the context of an audit.

In this time of Patients Over Paperwork and regulatory burden reduction, we ask for your support and invite you to work with us to minimize costly, time consuming and unnecessary documentation required under current Medicare requirements.

For additional information, please contact Sharon West at swest@acla.com.