Corewell Health™

Corewell Health Laboratory East

Physicians Notice – 2026

December 4, 2025

In its compliance guidance for clinical laboratories the Office of the Inspector General (OIG) recommends that all clinical laboratories distribute a physician notice to their ordering clients at a minimum once per year. In an effort to comply with these recommendations, Corewell Health Laboratory East is providing this **Physicians Notice** delineating the guidelines used by Corewell Health Laboratory East for submitting claims to Medicare, Medicaid and other federally funded healthcare programs.

Medicare Medical Necessity

The Centers for Medicare and Medicaid (CMS) and the OIG recognize that physicians and other authorized individuals must be able to order any tests that they believe are appropriate for the treatment or diagnosis of their patients. As the physician, you may order any test(s), including screening tests that you believe are appropriate for the treatment of your patients. However, Medicare will only pay for tests that are covered, reasonable and necessary for the individual patient given his or her medical condition. Each test must be accompanied with a valid ICD-10 code or narrative (i.e., diagnosis, condition, disease, signs, symptoms or clinical complaint). Corewell Health Laboratory East cannot submit claims without diagnosis codes. Please provide diagnosis information in conformance with ICD-10 standards.

For Corewell Health Laboratory East to bill Medicare and other payors, you must specify a valid, medically appropriate ICD-10 code (or provide a narrative diagnostic information), which is supported by the patient's medical record, for **each test that you order,** including all tests listed as part of organ or disease-oriented panels.

National Coverage Determinations (NCD), Local Coverage Determination (LCD), and Limited Coverage Tests

The Centers for Medicare and Medicaid Services (CMS) has 23 National Coverage Determinations (NCD's) regarding clinical laboratory tests in addition to Local Coverage Determinations (LCDs). The following National Coverage Determinations (NCD's) were developed by the Centers for Medicare and Medicaid Services and became effective November 25, 2002. They are binding on all Medicare carriers and supersede existing carrier local medical review policies (LCD's). CMS updates NCD's on a quarterly basis which are published in the NCD Coding Policy Manual. You can access the current NCD and LCD related information at: https://www.cms.gov/medicare-coverage-database/indexes/lab-ncd-index.aspx

Alpha-fetoprotein	Blood Counts	Blood Glucose Testing
Carcinoembryonic Antigen	Collagen Crosslinks, Any Method	Digoxin Therapeutic Drug Assay
Fecal Occult Blood	Gamma Glutamyl Transferase	Glycated Hemoglobin/Glycated Protein
Hepatitis Panel/Acute Hepatitis Panel	HIV Testing (Prognosis including Monitoring)	Human Chorionic Gonadotropin
HIV Testing (Diagnosis)	Lipids Testing	Partial Thromboplastin Time
Prostate Specific Antigen	Prothrombin Time	Serum Iron Studies
Thyroid Testing	Tumor Antigen by Immunoassay CA19-9	Tumor Antigen by Immunoassay CA-125
Tumor Antigen by Immunoassay CA-15-3/CA27.29	Urine Culture, Bacterial	Vitamin D

Advance Beneficiary Notice

The Medicare program will allow the laboratory to bill the patient for denied services only if an Advance Beneficiary Notice (ABN) is forwarded to the laboratory with the test requisition. The ABN must be completed by the ordering providers and signed by the patient; the ABN is intended to inform the patient that Medicare will not pay for the services that it determines to be not reasonable and necessary under Section 1862(a)(1) of the Social Security Act. Medicare does not pay for:

1) tests that are limited coverage unless the ICD-10 code supports medical necessity.
2) tests that are considered noncovered.
3) tests that exceed frequency limits established by Medicare; or
4) tests that are for experimental or research use

An ABN Manual is posted on the Laboratory Services website to provide clients with guidelines for completing the ABN form and to summarize the NCD and LCD information posted on the CMS website.

Medical Laboratory Fee Schedule:

CMS provides you with the Clinical Labs Center website to communicate information specific to Clinical Laboratories. To access the current laboratory fee schedule, go to: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched
Additionally, Medicaid reimbursement will be equal to, or less than Medicare reimbursement.

American Medical Association (AMA) Approved Organ or Disease Oriented Panels

The American Medical Association (AMA) has grouped certain tests into panels for coding purposes only. If one orders tests in addition to those specifically indicated for a particular panel, those tests are billed separately in addition to the panel code. A valid diagnosis code must be provided for each AMA-approved panel ordered. Individual components of these panels may be ordered separately. When ordering tests for Medicare or Medicaid patients, the ordering provider should:

Informed Consent Certification

Submission of an order for any predictive genetic tests and presymptomatic genetic tests, as defined by MCL 333.17020, contained in this catalog constitutes certification to Corewell Health laboratories that the ordering physician understands that written, informed consent is required for these tests and that, by submitting an order for these genetic tests, ordering physician has obtained "Informed Consent" of subject patient as required by any applicable state or federal laws with respect to each test ordered. On occasion, we forward a specimen to an outside reference laboratory. Corewell Health laboratories may request that ordering physician provide such consent to Corewell Health upon a reasonable request.

1) Only order those tests that he or she believes are medically necessary for each patient.
2) Be aware that using a customized panel/profile may result in ordering tests for which Medicare or Medicaid will deny payment.
3) Order individual tests or a less inclusive panel/profile if all analytes in the panel/profile are not medically necessary.
4) Understand that the U.S. Department of Health and Human Services, Office of Inspector General takes the position that a physician who orders medically unnecessary tests may be subject to civil penalties.

PANEL COMPONENTS		Basic Metabolic Panel (total Calcium) 80048	Basic Metabolic Panel (Ionized Calcium) 80047	Comprehensive Metabolic Panel 80053	Electrolyte Panel 80051	Hepatic Function Panel 80076	Acute Hepatitis Panel 80074	Lipid Panel 80061	Renal Function Panel 80069
Phosphorus, Inorganic	84100								■
Carbon Dioxide	82374	■	■	■	■				■
Chloride	82435	■	■	■	■				■
Potassium	84132	■	■	■	■				■
Sodium	84295	■	■	■	■				■
Creatinine	82565	■	■	■					■
Glucose	82947	■	■	■					■
BUN	84520	■	■	■					■
Calcium	82310	■		■					■
Calcium, Ionized	82330		■						
Albumin	82040			■		■			■
AST (SGOT)	84450			■		■			
Alkaline Phosphatase	84075			■		■			
Bilirubin, Total	82247			■		■			
Protein, Total	84155			■		■			
ALT (SGPT)	84460			■		■			
Bilirubin, Direct	82248					■			
Hepatitis A Antibody, IgM	86709						■		
Hepatitis B Surface Antigen	87340						■		
Hepatitis B Core Antibody, IgM	86705						■		
Hepatitis C Antibody	86803						■		
Cholesterol	82465							■	
HDL Cholesterol	83718							■	
LDL Cholesterol (Calculation)								■	
Triglycerides	84478							■	

Reflex Testing

Reflex testing occurs when initial test results are positive or outside normal parameters and indicate that a second related test or further testing is medically appropriate. Mandated testing criteria set by government or accrediting agencies, relevant practices in laboratory medicine, and avoidance of performing unnecessary testing help dictate which tests are subject to reflective testing. Upon results of an initial laboratory test, reflex tests will be performed as outlined based on approved reflex test algorithms for laboratory tests:
Beaumont Lab FH, GP, RO and Troy Reflex Algorithms: FH-GP-Troy-RO Reflex Guide.
Some reflex testing may result in additional charges. If you **DO NOT** want reflex testing, please clearly communicate this request on the laboratory test requisition form and contact Beaumont Lab FH, GP, RO and Troy Customer Services at 800-551-0488 (248-551-1155) or Beaumont Lab, Dearborn Customer Services at 800-245-3725.

Clinical Laboratory Improvement Amendments (CLIA) Brochures

The Centers for Medicare and Medicaid Services (CMS) has several brochures to help explain the Clinical Laboratory Improvement Amendments (CLIA) regulation requirements including a brochure on how to report concerns about Laboratory's Operations to CMS. To access one or more of these brochures, go to https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/CLIA_Brochures.html

Physician Clinical Consultants

Beaumont has a professional staff of pathologists and Ph.D. scientists specializing in all areas of laboratory medicine. Our medical staff are available to discuss laboratory-testing questions including ordering and interpretation. Please contact Beaumont Lab FH, GP, RO and Troy Customer Services at 800-551-0488 or Beaumont Lab, Dearborn Customer Service at 800-245-3725.

Sincerely,
Kurt Bernacki, M.D.
Chair of Pathology - Oakland University William Beaumont School of Medicine
Chief of Pathology Service Line – Corewell Health East
Physician Executive, Pathology – Corewell Health East Medical Group
Chief of Pathology – Corewell Health East – William Beaumont University Hospital