

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850



JSM/TDL-11258, 03-28-11

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**MEMORANDUM**

**DATE:** March 31, 2011

**FROM:** Acting Director, Hospital and Ambulatory Policy Group  
Center for Medicare  
  
Director, Medicare Contractor Management Group  
Center for Medicare

**SUBJECT:** Signature on Requisitions for Clinical Diagnostic Laboratory Tests

**TO:** All Fiscal Intermediaries (FIs), Carriers, Durable Medical Equipment Medicare Administrative Contractors (DME MACs), and Part A and Part B Medicare Administrative Contractors (A/B MACs)

In the November 29, 2010, Medicare Physician Fee Schedule final rule, the Centers for Medicare & Medicaid Services (CMS) finalized its proposed policy to require a physician's or qualified non-physician practitioner's (NPP) signature on requisitions for clinical diagnostic laboratory tests paid under the clinical laboratory fee schedule, effective January 1, 2011. A requisition is the actual paperwork, such as a form, which is provided to a clinical diagnostic laboratory that identifies the test or tests to be performed for a patient.

On Monday, December 20, 2010, CMS informed its contractors of concerns that some physicians, NPPs, and clinical diagnostic laboratories are not aware of, or do not understand, this policy. As such, CMS indicated that it would focus in the first quarter of 2011 on developing educational and outreach materials to educate those affected by this policy. CMS indicated that once the first quarter educational campaign was fully underway, it would expect requisitions to be signed. After further input from the community, CMS remains concerned that physicians, NPPs, and clinical diagnostic laboratories are having difficulty complying with this policy. For this reason, CMS is instructing its Medicare contractors not to enforce the requirement to have a physician or NPP signature on requisitions for clinical diagnostic laboratory tests paid under the clinical laboratory fee schedule.

A message will be sent on the Contractor Provider Education Resources electronic mailing list, LearnResource-L, containing provider education language. In accordance with CR 3445,

messages sent on this mailing list shall be distributed on the contractor's provider electronic mailing list and posted to the contractor's website.

**NOTE: MEDICARE ADMINISTRATIVE CONTRACTORS (MACs)**

**DME MAC Contract Numbers**

Jurisdiction A ~ HHSM-500-2006-M0001Z  
Jurisdiction B ~ HHSM-500-2010-M0003Z  
Jurisdiction C ~ HHSM-500-2006-M0006Z  
Jurisdiction D ~ HHSM-500-2006-M0004Z

**A/B MAC Contract Numbers**

Jurisdiction 1 ~ HHSM-500-2008-M0002Z  
Jurisdiction 3 ~ HHSM-500-2006-M0005Z  
Jurisdiction 4 ~ HHSM-500-2007-M0001Z  
Jurisdiction 5 ~ HHSM-500-2007-M0002Z  
Jurisdiction 9 ~ HHSM-500-2008-M0008Z  
Jurisdiction 10~HHSM-500-2009-M0004Z  
Jurisdiction 11~HHSM-500-2010-M0001Z  
Jurisdiction 12~HHSM-500-2008-M0001Z  
Jurisdiction 13~HHSM-500-2008-M0004Z  
Jurisdiction 14~HHSM-500-2009-M0002Z  
Jurisdiction 15~HHSM-500-2010-M0002Z

**This Joint Signature Memorandum/Technical Direction Letter (JSM/TDL) is being issued to you as technical direction under your MAC contract and has been approved by your Contracting Officer's Technical Representative (COTR). This technical direction is not construed as a change or intent to change the scope of work under the contract and is to be acted upon only if sufficient funds are available. In this regard, your attention is directed to the clause of the General Provisions of your contract entitled Limitation of Funds, FAR 52.232-22 or Limitation of Cost, FAR 52.232-20 (as applicable). If the Contractor considers anything contained herein to be outside of the current scope of the contract, or contrary to any of its terms or conditions, the Contractor shall immediately notify the Contracting Officer in writing as to the specific discrepancies and any proposed corrective action.**

Should you require further technical clarification, you may contact your COTR. Contractual questions should be directed to your CMS Contracting Officer. Please copy the COTR and Contracting Officer on all electronic and/or written correspondence in relation to this technical direction letter.

If you are an FI or carrier and have any questions, please contact Anne Hauswald on (410) 786-4546.

**RE: Joint Signature memorandum (RO-7728, 03-31-11) JSM/TDL - 11258**

In the Monday, November 29, 2010, Medicare Physician Fee Schedule final rule, the Centers for Medicare & Medicaid Services (CMS) finalized its proposed policy to require a physician's or qualified non-physician practitioner's (NPP) signature on requisitions for clinical diagnostic laboratory tests paid under the clinical laboratory fee schedule effective Saturday, January 1, 2011. (A requisition is the actual paperwork, such as a form, which is provided to a clinical diagnostic laboratory that identifies the test or tests to be performed for a patient.)

On Monday, December 20, 2010, CMS informed its contractors of concerns that some physicians, NPPs, and clinical diagnostic laboratories are not aware of or do not understand this policy. As such, CMS indicated that it will focus in the first quarter of 2011 on developing educational and outreach materials to educate those affected by this policy. CMS indicated that once the first quarter educational campaign is fully underway, it will expect requisitions to be signed.

After further input from community, CMS has decided to focus for the remainder of 2011 on changing the regulation that requires signatures on laboratory requisitions because of concerns that physicians, NPPs, and clinical diagnostic laboratories are having difficulty complying with this policy.