Introduction

This guideline addresses the date of service (DOS) and effective date of the authorization period for laboratory testing.

Description

The DOS for a laboratory test or service is generally deemed to be either the date of specimen collection or the date of retrieval for archived specimens. This guideline outlines the rules for establishing the laboratory test DOS and the resultant effective date of the authorization for testing.

Criteria

The following rules and definitions outline a laboratory test or service billing DOS:

- **Date of Service (DOS)**
  - The DOS for clinical diagnostic laboratory tests or services is generally the date the specimen is collected (collection date).
  - An archived specimen is defined as a previously collected specimen that has been stored for more than 30 calendar days prior to testing. The DOS for archived specimens is the date the specimen was removed from storage (retrieval date).
  - Specimens stored for 30 days or less are required to use the date the specimen was collected (collection date) for the DOS.

- **Authorization Effective Date**
  - The effective date of the authorization for testing is established by the DOS, as determined by the collection or retrieval date.
  - Tests or services submitted for medical necessity determination prior to the specimen collection or retrieval will use the case determination date as the authorization effective date.
    - Case determination date is defined as the decision date of the medical necessity determination.

- **Authorization Time Period**
The time period of the authorization (i.e., the number of days from the effective date of the authorization to its expiration date) is established per health plan policy or regulatory authority.

**Medical Necessity Determinations**

- Medical necessity determinations are conducted using coverage criteria for tests or services outlined within the appropriate clinical guideline.
- The DOS of the requested tests or services determine whether eviCore’s clinical guidelines will be used (DOS on or after the health plan’s effective date for utilization management services by eviCore) or the health plan’s policies will be used (DOS prior to the health plan’s effective date for utilization management services by eviCore).
- The DOS will also be used to establish which version of a guideline is used for the medical necessity determination, based upon the specific guideline version’s effective date.

- Pre-service requests for medical necessity determination are permitted at any time prior to claim submission to the health plan.

**References**

**Introduction**

These references are cited in this guideline.

1. Federal Register, Department of Health and Human Service, November 23, 2001 (66 FR 58791 through 58792)
2. Federal Register, Department of Health and Human Service, February 25, 2005 (70 FR 9357)