

Medical Necessity Review Information Requirements

MOL.AD.304.A

v1.0.2026

This guideline addresses the minimum information needed to perform a medical necessity review of laboratory testing.

Description

In order to accurately and effectively conduct medical necessity reviews, certain information is necessary when the case is submitted. This guideline outlines the information that is required to conduct a medical necessity review.

This information must be provided before applicable medical necessity criteria can be applied. If the below information is not received, the testing will be denied, as medical necessity cannot be determined.

Note: This benefit/harm statement only applies to those jurisdictions that do not have Medicare guidance. Based upon the clinical policy, following EviCore's Medical Necessity Review Information Requirements guideline will ensure EviCore receives complete and timely information required to process test requests. However, it is possible that there will be a delay in care until the outlined procedures in the guideline are followed.

Criteria

The following information must be submitted to perform a medical necessity review for any test:

- Details about the test being performed (test name, description, and/or unique identifier), and
- Laboratory that will be performing the test, and
- All CPT codes and units that will be billed related to the entire test, and
- Clinical information, which may include:
 - All information required by applicable guideline, or
 - Test indication, including any applicable signs and symptoms or other reasons for testing, and
 - Any applicable test results (laboratory, imaging, pathology, etc.), and
 - Any applicable family history, and

- How test results will impact patient care

When procedure codes are not provided with the request, code(s) will be assigned by the EviCore Laboratory Management Program based on one of the following methods:

- Any documentation provided with the request and/or publicly available on the laboratory's website will be used to assign the code(s), or
- If documentation is neither provided with the request, nor readily available on the laboratory's website, the most appropriate code(s) will be assigned according to relevant clinical guidelines or the guideline *Laboratory Billing and Reimbursement*, or
- If appropriate code(s) are unable to be identified with the above methods, an unlisted molecular pathology code (81479) will be assigned as a placeholder