

Date of Service and Authorization Period Effective Date

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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.

Note: This benefit/harm statement only applies to those jurisdictions that do not have Medicare guidance. Based upon the clinical policy, following EviCore's Date of Service and Authorization Period Effective Date guideline will ensure adherence to EviCore's timeline requirements for test requests. However, it is possible that there will be a delay in care until the outlined procedures in the guideline are followed.

Criteria

INSERTED FOR VALIDITY

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).¹
 - An archived specimen is defined as a previously collected specimen that has been stored for more than 30 calendar days prior to testing (e.g. a tumor sample obtained from previous biopsy, isolated DNA that has been in frozen storage, etc.). The DOS for archived specimens is the date the specimen was removed from storage (retrieval date).²
 - 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 (see above criteria).

- Tests or services submitted for medical necessity determination prior to the DOS 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 between the authorization effective date and the 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.
- Billable Event
 - Standard laboratory billing practices define the billable event at the time when valid test results are generated AND the test report is provided to the ordering physician.
 - Depending on the test, the assay may take multiple days for results to generate.
 - Consequently, pre-service requests for medical necessity determination are permitted at any time prior to claim submission to the health plan (the billable event).

References

These references are cited in this guideline.

1. Center for Medicare & Medicaid Services (CMS) HHS. Medicare program; negotiated rulemaking: coverage and administrative policies for clinical diagnostic laboratory services. Final rule. *Fed Regist.* 2001;66(226):58788-58890.
2. Center for Medicare & Medicaid Services (CMS) HHS. Medicare program; procedures for maintaining code lists in the negotiated national coverage determinations for clinical diagnostic laboratory services. Final notice. *Fed Regist.* 2005;70(37):9355-9358.