

## Part B Insider (Multispecialty) Coding Alert

### Reader Question: Labs Should Get Reason for Urinalysis

Question: A physician client routinely sends our lab orders for "screening" urinalysis for Medicare patients as part of an annual wellness visit, but we get denials for the test. What is the coverage problem, and how can we resolve it?

Answer: Medicare does not pay for a screening urinalysis assay, so that's the coverage problem. Medicare urinalysis coverage depends upon the patient having signs or symptoms supporting medical necessity (such as burning during urination).

If you routinely receive screening urinalysis requests as part of the ordering physician's annual wellness visits, ask the physician to obtain a signed at Advance Beneficiary Notice (ABN) from the patient beforehand to cover the screening urinalysis.

Better: If the physician discovers signs or symptoms that indicate the need for urinalysis, have the ordering physician indicate the symptoms on the requisition.

For instance: Medicare payers typically cover urinalysis for the following situations (with a few covered ICD-9 code examples):

- Kidney/urinary tract disorder symptoms, such as nocturia (788.43) or edema (782.3)
- Follow up for treatment of urinary tract infection (such as 599.0, Urinary tract infection, site not specified)
- Condition known to affect kidneys/urinary tract, such as 401.9 (Unspecified essential hypertension)
- Monitor treatment with medication known to potentially adversely affect kidneys
- Trauma suggestive of possible kidney/urinary tract injury Unexplained fever, such as 780.60 (Fever, unspecified)
- Part of standard prenatal care or to screen for diabetic preeclampsia in pregnancy
- Evaluation of a dehydrated patient (such as 276.51, Dehydration)