
Important Update: Ambetter Coverage Changes for Laboratory Testing

Dear Regional Pathology Services clients,

We are sharing the following guidance regarding laboratory testing policies for individuals covered by **Ambetter Health**. Ambetter has aligned its laboratory testing coverage policies with Medicare standards as outlined in the CMS National Coverage Determinations and application of ICD-10-CM diagnosis codes for current claims. Ambetter has also elected to review previously submitted claims dating back to 2024.

- **ICD-10-CM Code Z00.00** (Encounter for general adult medical examination without abnormal findings) is listed among **non-covered codes** under the CMS Laboratory National Coverage Determinations (NCDs). This code is generally not reimbursed by Medicare when used for diagnostic laboratory services, as it is considered a screening code not covered by statute.
- To assist with verifying medical necessity, we recommend using the **ABN (Advance Beneficiary Notice) tool** available [here](#). This tool can help determine whether diagnosis codes meet CMS standards and if a Patient Consent for Non-Covered Laboratory Services Form should be issued.
- In compliance with CMS guidelines, we can seek additional diagnostic information for laboratory claims submitted on individuals with a non-covered ICD-10-CM. **Client request forms** will be sent to request additional diagnosis codes that are documented in the medical record and **support medical necessity**.
 - Return completed forms to Billing Support within **10 business days**
 - **F 402-559-8359** -or- rpsbillingsupport@unmc.edu
- CMS resources—
 - [Complying with Documentation Requirements for Lab Services](#)
 - [CMS National Coverage Determinations](#)

Contact Regional Pathology Services Billing Support Team

P 402-559-8480 | 877-560-0009 | rpsbillingsupport@unmc.edu