

Medicare 14-Day Rule

Medicare’s Laboratory Date of Service Policy, also known as the “14 day rule,” outlines who will be billed for a laboratory test provided to a Medicare patient. In some cases, a laboratory such as Tempus will bill Medicare directly for testing. In other cases, the 14-day rule requires that Tempus bill its hospital customers for testing performed on Medicare patients.

The tables below summarize how the Medicare 14-Day Rule will apply to Tempus tests.

Molecular Pathology Tests

(e.g. xT, xF)

BENEFICIARY STATUS AT SPECIMEN COLLECTION	MEDICARE BILLING
Clinic or non-hospital visit	Tempus bills Medicare
Hospital outpatient ¹	
Hospital inpatient, test is ordered ≥ 14 days after date of discharge	Tempus bills Hospital
Hospital inpatient, test is ordered < 14 days after date of discharge	

All Other Laboratory Tests

(e.g. Immunohistochemistry Testing)

BENEFICIARY STATUS AT SPECIMEN COLLECTION	MEDICARE BILLING
Clinic or non-hospital visit	Tempus bills Medicare
Hospital inpatient, test is ordered ≥ 14 days after date of discharge	
Hospital outpatient, test is ordered ≥ 14 days after date of discharge	
Hospital inpatient, test is ordered < 14 days after date of discharge	Tempus bills Hospital
Hospital outpatient, test is ordered < 14 days after date of discharge	

The timing of a test order must be based on clinical judgment and not Medicare billing rules.

¹ Effective on January 1, 2018, the Centers for Medicare & Medicaid Services (CMS) issued changes to the laboratory date of service rules. As a result, molecular pathology tests performed on specimens collected from a hospital outpatient are now billed by the performing lab to Medicare as long as the following conditions are met: the test is performed following a hospital outpatient’s discharge from the hospital outpatient department; the specimen was collected from a hospital outpatient during an encounter; it was medically appropriate to have collected the sample from the hospital outpatient during the hospital outpatient encounter; the results of the test do not guide treatment provided during the hospital outpatient encounter; and the test was reasonable and medically necessary for the treatment of an illness. For more information, please see CMS Laboratory Date of Service Policy, at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Clinical-Lab-DOS-Policy>.