

Medical Necessity Checklist

Attach the following to the TRF to support the referenced ICD-10 codes:

- Medical history and physical report or chart notes *(required)*
- Office notes or printed electronic medical records (EMR) of two most recent visits *(required)*
- Results of other medical procedures and laboratory tests relevant to the test(s) ordered *(if applicable)*
- List of medications in use with dosage *(if applicable)*