

Medicare National and Local Coverage Determination Policy- Ohio



Policies in this MLCP Reference Guide apply to testing performed at a Quest Diagnostics facility and apply to [Medicare Coverage Determination Policies](#). This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Quest Diagnostics does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed. Please note this document has links to active Medicare Coverage Determination policies. Clicking a link below will leave the Quest Diagnostics web site. Quest Diagnostics does not control the site you are about to enter and accepts no responsibility for its content.

- [Click here for National MLCP Policies Tool](#)

Document contains information on **National** Medicare Limited Coverage Policies

- Alpha-Fetoprotein
- Blood Counts
- Blood Glucose Testing
- Carcinoembryonic Antigen
- Collagen Crosslinks - Any Method
- Digoxin Therapeutic Drug Assay
- Fecal Occult Blood
- Gamma Glutamyl Transferase
- Glycated Hemoglobin - Glycated Protein
- Hepatitis Panel/Acute Hepatitis Panel
- Human Chorionic Gonadotropin
- Human Immunodeficiency Virus (HIV) Testing (Diagnosis)
- Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring)
- Lipids Testing
- Partial Thromboplastin Time (PTT)
- Prostate Specific Antigen
- Prothrombin Time (PT)
- Serum Iron Studies
- Thyroid Testing
- Tumor Antigen by Immunoassay CA 15-3 CA 27.29
- Tumor Antigen by Immunoassay CA 19-9
- Tumor Antigen by Immunoassay CA-125
- Urine Culture, Bacterial

- [Click policy below for Local MLCP Policy Tool](#)

Document contains the below Medicare **Local** Limited Coverage Policies for lab testing performed in Ohio.

- [B-type Natriuretic Peptide \(BNP\)](#)
- [Circulating Tumor Cell Marker Assays](#)
- [Controlled Substance Monitoring and Drugs of Abuse Testing](#)
- [Flow Cytometry \(CPT codes 86355 through 86367\)](#)
- [Flow Cytometry \(CPT codes 88182 through 88189\)](#)
- [Human Papillomavirus \(HPV\) Testing](#)
- [Infectious Disease Molecular Diagnostic Testing](#)
- [MoIDX: Biomarkers in Cardiovascular Risk Assessment](#)
- [MoIDX: BRCA1 and BRCA2 Genetic Testing](#)
- [MoIDX: Chromosome 1p/19q deletion analysis](#)
- [MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing](#)
- [MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease](#)
- [MoIDX: Genetic Testing for Hypercoagulability/Thrombophilia \(Factor V Leiden, Factor II Prothrombin, and MTHFR\)](#)
- [MoIDX: Genetic Testing for Lynch Syndrome](#)
- [MoIDX: HLA-B*15:02 Genetic Testing](#)
- [MoIDX: HLA DQB1*06:02 Testing for Narcolepsy](#)
- [MoIDX: MGMT Promoter Methylation Analysis](#)
- [MoIDX: Molecular RBC Phenotyping](#)
- [MoIDX: NRAS Genetic Testing](#)
- [MoIDX-CDD: NSCLC, Comprehensive Genomic Profile Testing](#)
- [Molecular Diagnostic Tests \(MDT\)](#)
- [RAST Type Tests \(Allergy Testing\)](#)
- [Vitamin D Assay Testing](#)