Medicare National and Local Coverage Determination Policy – MI

Policies in this MLCP Reference Guide apply to testing performed at a Quest Diagnostics facility and apply to Medicare National Coverage Determination Policy. 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 been updated with National Medicare changes effective 1/1/2014

- **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 MI

  - Allergy Testing
  - OVA 1 Assay
  - Qualitative Drug Testing
  - Vitamin D: 25 Hydroxy
  - Vitamin D: 1,25 Dihydroxy

Medicare Local Coverage Determination Policy (MI)

L30471 Allergy Testing

CPT Code: 86003

Data Source: www.wpsmedicare.com

LCD Description: These test detect antigen-specific IgE antibodies in the patient's serum. They are useful when testing for inhalant allergens (pollens, molds, dust mites, animal danders), foods, insect stings, and other allergens such as drugs or latex, when direct skin testing is impossible due to extensive dermatitis, marked dermatographism, or in children younger than four years of age.

ICD-9-CM Codes that Support Medical Necessity

The **Allergy** test is determined to be medically necessary by Medicare only when it is ordered for patients with one of the conditions listed below. ICD-9-CM codes that support medical necessity are listed, but it is not enough to link the procedure code to a correct payable ICD-9-CM code. The diagnosis must be present for the procedure to be paid and the procedure must be reasonable and medically necessary for that diagnosis. Documentation within the patient's medical record must support the medical necessity for the test(s) provided.

117.3	Aspergillosis
691.8	Other Atopic Dermatitis and related conditions
708.0	Allergic Urticaria
708.3	Dermatographic Urticaria
989.5	Toxic effect of Venom
989.82	Toxic effect of Latex
995.0	Other Anaphylactic reaction
995.60	Anaphylactic Reaction Due To Unspecified Food
995.61	Anaphylactic Reaction Due To Peanuts
995.62	Anaphylactic Reaction Due To Crustaceans
995.63	Anaphylactic Reaction Due To Fruits And Vegetables
995.64	Anaphylactic Reaction Due To Tree Nuts And Seeds
995.65	Anaphylactic Reaction Due To Fish
995.66	Anaphylactic Reaction Due To Food Additives
995.67	Anaphylactic Reaction Due To Milk Products
995.68	Anaphylactic Reaction Due To Eggs
995.69	Anaphylactic Reaction Due To Other Specified Food
V67.59	Other follow-up examination

This list was compiled from Medicare's Limited Coverage Policies for informational and reference purposes only. For the most current information please reference www.cms.gov.
Note: If the patient's medical record does not support one of the above ICD-9-CM codes, please prepare an Advance Beneficiary Notice form, and ask the patient to read and sign it.
Source: Federal Registry Negotiated Rule-making, November 23, 2001
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Medicare Local Coverage Determination Policy (MI)

OVA 1 Assay

CPT Code: 84999

Data Source: www.wpsmedicare.com

LCD Description: The OVA-1 test is specifically indicated for the pre-surgical evaluation of women with an ovarian mass, and suspicion of an ovarian neoplasm. It uses the results of 5 known biomarkers (B-2 microglobulin, apolipoprotein A1, CA 125, transferrin, and transthyretin (prealbumin) to generate a numerical score that correlates with the likelihood of malignancy. It is not a screening study, and should not be used in women with a diagnosis of malignancy in the past five years. It should also not be used in women under age 18, or with a rheumatoid factor concentration of greater than or equal to 250 IU/ml. It is expected that the use of this test will be followed in a timely fashion by an appropriate diagnostic study to confirm a pathologic diagnosis**.**

ICD-9-CM codes that support medical necessity are listed, but it is not enough to link the procedure code to a correct payable ICD-9-CM code. The diagnosis must be present for the procedure to be paid and the procedure must be reasonable and medically necessary for that diagnosis. Documentation within the patient's medical record must support the medical necessity for the test(s) provided. This list was compiled from the Medicare Local Coverage Determination Policy. An ICD9 CM book should be used as a complete reference.

789.33 ABDOMINAL OR PELVIC SWELLING MASS OR LUMP RIGHT LOWER QUADRANT

789.34 ABDOMINAL OR PELVIC SWELLING MASS OR LUMP LEFT LOWER QUADRANT

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Medicare Local Coverage Determination Policy (MI)

L32450 Qualitative Drug Testing

Data Source: www.wpsmedicare.com

CPT Code: 80102, G0431, G0434

LCD Description: A qualitative drug screen is used to detect the presence of a drug in the body. A blood or urine sample may be used. However, urine is the best specimen for broad qualitative screening, as blood is relatively insensitive for many common drugs, including psychotropic agents, opiods, and stimulants. Common methods of drug analysis include chromatography, immuoassay, chemical ("spot") test, and spectrometry.

ICD-9-CM Codes that Support Medical Necessity

The **Qualitative Drug** test is determined to be medically necessary by Medicare only when it is ordered for patients with one of the conditions listed below. ICD-9-CM codes that support medical necessity are listed, but it is not enough to link the procedure code to a correct payable ICD-9-CM code. The diagnosis must be present for the procedure to be paid and the procedure must be reasonable and medically necessary for that diagnosis. Documentation within the patient's medical record must support the medical necessity for the test(s) provided.

276.2	Acidosis
295.00 – 295.30	Simple Type Schizophrenia Unspecified State – Paranoid type Schizophrenia Unspecified State
304.01	Opioid Type Dependence Continuous Use
304.90	Unspecified Drug Dependence Unspecified Use
305.90	Other Mixed or Unspecified Drug Abuse Unspecified Use
345.10 – 345.11	Generalized convulsive Epilepsy without Intractable Epilepsy – Generalized Convulsive Epilepsy with Intractable Epilepsy
345.3	Grand Mal Status Epileptic
345.90 – 345.91	Epilepsy Unspecified Without Intractable Epilepsy - Epilepsy Unspecified with Intractable Epilepsy
426.10 -426.13	Atrioventricular Block Unspecified – Other Second Degree Atrioventricular Block
426.82	Long QT Syndrome
427.0 – 427.1	Paroxysmal Supraventricular Tachycardia – Paroxysmal Ventricular Tachycardia
780.01	Coma
780.09	Alteration of Consciousness Other
780.1	Hallucinations
963.0	Poisoning by Antiallergic and Antiemetic Drugs
965.00 – 965.09	Poisoning by Opium (Alkaloids) Unspecified – Poisoning by Other Opiates and related Narcotics
965.1	Poisoning by Salicylates
965.4	Poisoning by Aromatic Analegesics not elsewhere classified
965.5	Poisoning by Pyrazole Derivatives
965.61	Poisoning by Propionic Acid Derivatives
966.1	Poisoning by Hydantoin Derivatives
967.0 – 967.9	Poisoning by Barbiturates – Poisoning by Unspecified sedative or Hypnotic
969.00 – 969.9	Poisoning by Antidepressant, Unspecified – Poisoning by Unspecified Psychotropic Agent
972.1	Poisoning by Cardiotonic Glycosides and Drugs of similar action
977.9	Poisoning by Unspecified Drug or Medicinal substance
V15.81	Personal history of noncompliance with medical treatment presenting hazards to health
V58.69	Long-Term (current) use of other medications
V71.09	Observation of other suspected mental condition

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Medicare Local Coverage Determination Policy (MI)

L31076 Vitamin D Assay Testing

Data Source: www.wpsmedicare.com

CPT Code: 82306

LCD Description:Vitamin D is a hormone, synthesized by the skin and metabolized by the kidney to an active hormone, calcitriol. An excess of vitamin D may lead to hypercalcemia. Vitamin D deficiency may lead to a variety of disorders. This LCD identifies the indications and limitations of Medicare coverage and reimbursement for these services.

ICD-9-CM Codes that Support Medical Necessity

The **Vitamin D Assay** test is determined to be medically necessary by Medicare only when it is ordered for patients with one of the conditions listed below. ICD-9-CM codes that support medical necessity are listed, but it is not enough to link the procedure code to a correct payable ICD-9-CM code. The diagnosis must be present for the procedure to be paid and the procedure must be reasonable and medically necessary for that diagnosis. Documentation within the patient's medical record must

010.00–018.96 Primary Tuberculous complex unspecified examination – Unspecified Miliary Tuberculosis Tubercle bacilli not found by bacteriological or histological examination but tuberculosis confirmed by other methods (Inoculation of animals)
135 Sarcoidosis
252.00-252.9 Hyperparathyroidism, unspecified – Unspecified disorder of Parathyroid Gland
268.0 Rickets active
268.1 Rickets Late effect
268.2 Osteomalacia Unspecified
268.9 Unspecified Vitamin D Deficiency
275.3 Disorders of Phosphorus Metabolism
275.41 Hypocalcemia
275.42 Hypercalcemia
277.00-277.09 Cystic Fibrosis without Meconium Ileus-Cystic Fibrosis
278.4 Hypervitaminosis D
278.8 Other Hyperalimentation
359.5 Myopathy in Endocrine Diseases classified elsewhere
555.0-555.9 Regional Enteritis of Small Intestine-Regional Enteritis of unspecified site
556.0-556.9 Ulcerative (Chronic) Enterocolitis-Ulcerative Colitis unspecified
571.2 Alcoholic Cirrhosis of Liver
571.5 Cirrhosis of Liver without Alcohol
571.6 Biliary Cirrhosis
571.8 Other Chronic Nonalcoholic Liver Disease
579.0-579.9 Celiac Disease-Unspecified Intestinal Malabsorption
585.3 Chronic Kidney Disease Stage III (Moderate)
585.4 Chronic Kidney Disease Stage IV (Severe)
585.5 Chronic Kidney Disease Stage V
585.6 End Stage Renal Disease
588.81 Secondary Hyperparathyroidism (of renal origin)
649.20-649.24 Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, unspecified as to episode or care or not applicable - Bariatric surgery status complicating pregnancy, childbirth, or the puer- perium, postpartum condition or complication
696.1 Other Psoriasis and similar disorders
701.0 Circumscribed Scleroderma
710.0 Systemic Lupus Erythematosus
710.3 Dermatomyositis
729.1 Myalgia and Myositis unspecified
731.0 Osteitis Deformans without bone tumor
733.00-733.09 Osteoporosis unspecified-other osteoporosis
733.90 Disorder of bone and cartilage unspecified
756.51 Osteogenesis Imperfecta
756.52 Osteopetrosis
949.2-949.5 Blisters with epidermal loss due to burn (second degree) unspecified site-Deep necrosis of underlying tissues due to burn (deep third degree unspecified site with loss of a body part)
V45.86 Bariatric Surgery status
V58.65 Long Term (current) use of steroids
V58.69 Long Term (current) use of other medications

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Medicare Local Coverage Determination Policy (MI)

L31076 Vitamin D Assay Testing

CPT Code: 82652

Data Source: www.wpsmedicare.com

LCD Description: The most common type of vitamin D deficiency is that of 25 OH vitamin D. A much smaller percentage of 1, 25 dihydroxy vitamin D deficiency exists; mostly in those with renal disease. It is expected that the medical record will justify the tests chosen for a particular disease entity, that all available components of 25 OH vitamin D and other metabolite levels will not be performed routinely on every patient and that supportive documentation for test choices will be available to the Contractor upon request.

ICD-9-CM Codes that Support Medical Necessity are listed, but it is not enough to link the procedure code to a correct payable ICD-9-CM code. The diagnosis must be present for the procedure to be paid and the procedure must be reasonable and medically necessary for that diagnosis. Documentation within the patient's medical record must support the medical necessity for the test(s) provided. This list was compiled from the Medicare Local Coverage Determination Policy. An ICD-9-CM book should be used as a complete reference.

010.00–018.96 Primary Tuberculous complex unspecified examination – Unspecified Miliary Tuberculosis Tubercle bacilli not found by bacteriological or histological examination but tuberculosis confirmed by other methods (Inoculation of animals)
135 Sarcoidosis
200.30-200.38 Marginal Zone Lymphoma, unspecified site, extranodal and solid organ sites-Marginal Zone Lymphoma, lymph nodes of multiple sites
202.10-202.28 Mycosis Fungoides unspecified site-Sezary's Disease involving lymph nodes of multiple sites
252.00-252.9 Hyperparathyroidism, unspecified – Unspecified disorder of Parathyroid Gland
268.0 Rickets Active
278.8 Other Hyperalimentation
585.3 Chronic Kidney Disease Stage III (Moderate)
585.4 Chronic Kidney Disease Stage IV (Severe)
585.5 Chronic Kidney Disease Stage V
585.6 End Stage Renal Disease
588.81 Secondary Hyperparathyroidism (of renal origin)
756.51 Osteogenesis Imperfecta
756.52 Osteopetrosis

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