

# J6-NGS Heavy Metal Testing (A56757) Arsenic

CPT: 82175

# CMS Policy for Illinois, Michigan, Minnesota, and Wisconsin

Local policies are determined by the performing test location. This is determined by the state in which your performing laboratory resides and where your testing is commonly performed.

Medically Supportive ICD Codes are listed on subsequent page(s) of this document.

### Coverage Indications, Limitations, and/or Medical Necessity

The term heavy metal testing is historically used to describe elements such as lead, arsenic, mercury, cadmium, and chromium. In general, all of the heavy metals in inorganic form cause GI irritation, resulting in nausea, vomiting, abdominal pain and diarrhea. The next most consistent toxicity for the heavy metals as a group, but not for every heavy metal, is renal toxicity. A further generalization is that each member of the heavy metal group tends to cause multi-organ toxicity. Many metals cause cutaneous abnormalities, such as irritant and allergic contact dermatitis, urticaria, keratoses, and premalignant and malignant lesions. Several of the heavy metals produce central and peripheral nervous system toxicity. Other metals cause pulmonary illness.

However, before any testing for heavy metal is ordered, a detailed medical history of the patient must be obtained, including a careful documentation of occupational and avocational exposure to these toxins. A complete physical examination must be done. While classified as heavy metals, this policy does not include iron or lithium since the former is typically tested for anemia issues and the latter is typically tested for monitoring of medications. In addition, iron testing is covered under the National Coverage Determination 190.18 (Serum Iron Studies).

### Indications

Arsenic. Serum and whole blood and/or urine arsenic testing is payable for beneficiaries with unexplained peripheral neuropathies, industrial exposure to arsenic, histories of arsenic pesticide exposure, unexplained encephalopathies, unexplained weight loss, chronic glomerulonephritis, bone marrow hypoplasia, or melanosis of skin, unexplained chronic diarrhea, persistent abdominal pain, or nausea and vomiting.

### Limitations

· Testing for the following metals is non-covered: Boron, Phosphorous, Silica, Strontium, Sulfur, Uranium, Vanadium



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Please refer to the Limitations or Utilization Guidelines section on previous page(s) for frequency information.

The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required. \*Note—Bolded diagnoses below have the highest utilization

Code	Description
D61.1	Drug-induced aplastic anemia
D61.2	Aplastic anemia due to other external agents
D61.3	Idiopathic aplastic anemia
D61.89	Other specified aplastic anemias and other bone marrow failure syndromes
G60.0	Hereditary motor and sensory neuropathy
G60.2	Neuropathy in association with hereditary ataxia
G60.9	Hereditary and idiopathic neuropathy, unspecified
G61.1	Serum neuropathy
G62.2	Polyneuropathy due to other toxic agents
G62.82	Radiation-induced polyneuropathy
G93.40	Encephalopathy, unspecified
G93.41	Metabolic encephalopathy
G93.49	Other encephalopathy
167.83	Posterior reversible encephalopathy syndrome
K52.21	Food protein-induced enterocolitis syndrome
K52.22	Food protein-induced enteropathy
K52.29	Other allergic and dietetic gastroenteritis and colitis
K52.89	Other specified noninfective gastroenteritis and colitis
K63.4	Enteroptosis
K63.89	Other specified diseases of intestine
K92.89	Other specified diseases of the digestive system

Visit QuestDiagnostics.com/MLCP to view current limited coverage tests, reference guides, and policy information.

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference www.cms.qov ▶



Last updated: 11/5/19

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.

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Medicare Local Coverage Determination Policy

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Code	Description
L23.1	Allergic contact dermatitis due to adhesives
L23.5	Allergic contact dermatitis due to other chemical products
L24.5	Irritant contact dermatitis due to other chemical products
L25.3	Unspecified contact dermatitis due to other chemical products
N03.9	Chronic nephritic syndrome with unspecified morphologic changes
R11.15	Cyclical vomiting syndrome unrelated to migraine
R11.2	Nausea with vomiting, unspecified
R19.7	Diarrhea, unspecified
R63.4	Abnormal weight loss
T57.0X4A	Toxic effect of arsenic and its compounds, undetermined, initial encounter
T57.0X4D	Toxic effect of arsenic and its compounds, undetermined, subsequent encounter
T57.0X4S	Toxic effect of arsenic and its compounds, undetermined, sequela

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Last updated: 4/25/22

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