Medicare National and Local Coverage Determination Policy- Illinois

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 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 Illinois.
  B-type Natriuretic Peptide (BNP) Testing
  Flow Cytometry (88182 through 88189)
  Genomic Sequence Analysis Panels in the Treatment of Non-Small Cell Lung Cancer
  Heavy Metal Testing
  Molecular Pathology Procedures
  Non-covered Services
  RAST Type Tests
  Urine Drug Testing
  Vitamin D Assay Testing