Medicare National and Local Coverage Determination Policy - Michigan

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.

### 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

### Local Medicare Limited Coverage Policies

- Allergy Testing
- Drug Testing
- Flow Cytometry (88182 through 88189)
- Genetic Testing for CYP2C19, CYP2D6, CYP2C9, and VKORC1
- Genetic Testing for Hypercoagulability/Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR)
- MolDX: Biomarkers in Cardiovascular Risk Assessment (L36523)
- Molecular Diagnostic Testing
- Vitamin D Assay Testing

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

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