UnitedHealthcare®

Reimbursement Policy

Preventive Lab Services

Policy Number	LAB08012008RP	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	05/14/2014

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

Table of Contents

Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its

Preventive Lab Services

electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated.

Summary

Overview

United Healthcare is committed to promoting the appropriate use of preventive benefits.

Medicare covers a broad range of legislatively mandated preventive services to prevent disease, detect disease early when it is most treatable and curable, and manage disease so that complications can be avoided. These services can be found on the CMS website at: http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/index.html?redirect=/PrevntionGenInfo/. Any preventive services and tests not listed on the CMS Preventive Services webpage are considered non-covered screening (preventive) tests or services which are not a benefit of the Medicare program.

Title XVIII of the Social Security Act, Section 1862(a) (1) (A) states "...no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis and treatment of illness or injury...". Furthermore, it has been a longstanding CMS policy that "tests that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered unless explicitly authorized by statute". Screening services, such as pre-symptomatic genetic tests and services, are those used to detect an undiagnosed disease or disease predisposition, and as such are not a Medicare benefit and not covered by Medicare. Similarly, Medicare may not reimburse the costs of tests/examinations that assess the risk for and/or of a condition unless the risk assessment clearly and directly effects the management of the patient.

Also included in this policy are the Lab NCD links. See the resource section of this policy for the specific links by test type. A claim for a test for which there is a national coverage or local medical review policy will be denied as not reasonable and necessary if it is submitted without an ICD-9-CM code or narrative diagnosis listed as covered in the policy unless other medical documentation justifying the necessity is submitted with the claim. If a national or local policy identifies a frequency expectation, a claim for a test that exceeds that expectation may be denied as not reasonable and necessary, unless it is submitted with documentation justifying increased frequency. The CPT/HCPCS table in the coding section of this policy illustrates the impact to each lab code for CMS mandated preventive services, Lab NCDs and any code impacted when billed in the absence of signs, symptoms or complaints.

Reimbursement Guidelines

Preventive Lab Services and Screenings Covered by United Healthcare are:

Cardiovascular Disease Screenings

UnitedHealthcare provides coverage of cardiovascular screening blood tests for the early detection of cardiovascular disease or abnormalities associated with an elevated risk of heart disease and stroke. These tests can help determine a member's cholesterol and other blood lipid levels such as triglycerides. The Centers for Medicare & Medicaid Services (CMS) recommends that all eligible members take advantage of this coverage, which can determine whether members are at high risk for cardiovascular disease.

The cardiovascular screening blood tests covered by UnitedHealthcare include the following:

- Total Cholesterol Test,
- Cholesterol Test for High Density Lipoproteins, and
- Triglycerides Test.

NOTE: The member must fast for 12 hours prior to testing. Other cardiovascular screening blood tests remain non-covered.

UnitedHealthcare will pay for Cardiovascular Disease Screening once every 60 months. A claim that is submitted for Cardiovascular Disease Screening shall be submitted in the following manner: The line item shall contain 80061, 82465, 83718 or 84478 with a diagnosis code of V81.0 – Special screening for ischemic heart disease, V81.1 – Special screening for hypertension or V81.2 – Special screening for other and unspecified cardiovascular conditions reported in the header and pointed to the line item.

Medical record documentation must show that the cardiovascular screening blood test was ordered by a physician or qualified non-physician practitioner treating an asymptomatic member for the purpose of early detection of cardiovascular disease. The member must have the test performed after a 12 - hour fast, and the provider should document the appropriate supporting procedure and diagnosis codes.

Diabetes Screening Tests

UnitedHealthcare provides coverage of diabetes screening blood tests for the early detection of diabetes. These tests can help determine a member's blood glucose levels and whether a member is pre-diabetic. The Centers for Medicare & Medicaid Services (CMS) recommends that all eligible members take advantage of this coverage, which can determine whether members are at risk for diabetes. To be eligible for the diabetes screening tests, members must have any of the following risk factors:

- Hypertension,
- Dyslipidemia,
- Obesity (a body mass index greater than or equal to 30 kg/m2), or
- Previous identification of an elevated impaired fasting glucose or glucose tolerance.

OR

At least two of the following characteristics:

- Overweight (a body mass index greater than 25 but less than 30 kg/m2),
- Family history of diabetes,
- Aged 65 years and older, or
- A history of gestational diabetes mellitus or delivery of a baby weighing greater than 9 pounds.

Members Diagnosed with Pre-Diabetes

UnitedHealthcare provides coverage for a maximum of 2 diabetes screening tests within a 12-month period (but not less than 6 months apart) for members diagnosed with pre-diabetes.

Members Previously Tested but not Diagnosed as Pre-Diabetic or Who Have Never Been Tested

UnitedHealthcare provides coverage for 1 diabetes screening test within a 12-month period (i.e., at least 11 months have passed following the month in which the last Medicare-covered diabetes screening test was performed) for members who were previously tested and were not diagnosed with pre-diabetes, or who have never been tested.

A claim that is submitted for diabetes screening by a physician or supplier for a member that does not meet the definition of pre-diabetes shall be submitted in the following manner:

The line item shall contain 82947, 82950 or 82951 with a diagnosis code of V77.1. A claim that is submitted for diabetes screening and the member meets the definition of pre-diabetes shall be submitted in the following manner:

The line item shall contain 82947, 82950 or 82951 with a diagnosis code of V77.1. Reported in the header. In addition, modifier "TS" (follow-up service) – shall be reported on the line item.

Medical record documentation must show that all coverage requirements were met.

Pap Tests (lab portion only)

The screening Pap test (Pap smear) covered by UnitedHealthcare is a laboratory test that consists of a routine exfoliative cytology test (Papanicolaou test) provided for the purpose of early detection of cervical cancer. It

includes collection of a sample of cervical cells and a physician's interpretation of the test.

A cervical screening detects significant abnormal cell changes that may arise before cancer develops; therefore, if diagnosed and treated early, any abnormal cell changes that may occur over time can be reduced or prevented. The cervical screening benefit covered by UnitedHealthcare can aid in reducing illness and death associated with abnormal cell changes that may lead to cervical cancer. UnitedHealthcare provides coverage of a screening Pap test for all female members.

UnitedHealthcare provides coverage of a screening Pap test annually (i.e., at least 11 months have passed following the month in which the last Medicare-covered screening Pap test was performed) for female members who meet at least **one** of the following criteria:

- Evidence (medical history or other findings) shows that the woman is in one of the high risk categories for developing cervical or vaginal cancer or has other specified personal history presenting hazards to health.
- An examination indicated the presence of cervical or vaginal cancer or other abnormality during any of the preceding three years in a woman of childbearing age.

UnitedHealthcare provides coverage of a screening Pap test for all asymptomatic non-high risk female members every 2 years (i.e., at least 23 months have passed following the month in which the last Medicare-covered screening Pap test was performed).

The following Healthcare Common Procedure Coding System (HCPCS) codes: G0123, G0143, G0144, G0145, G0147, G0148, and P3000, must be used to report screening Pap tests. Code selection depends on the reason for performing the test, the methods of specimen preparation and evaluation, and the reporting system used.

The following HCPCS codes: G0124, G0141, and P3001, must be used to report the physician's interpretation of screening Pap tests. Code selection depends on the reason for performing the test, the methods of specimen preparation and evaluation, and the reporting system used.

Diagnosis Requirements for Low Risk Screening Pap Tests

Providers must report one of the following International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) screening ("V") diagnosis codes: V72.31, V76.2, V76.47, and V76.49, for a screening Pap test. The provider must report this diagnosis code, along with other applicable diagnosis codes.

Diagnosis Requirements for High Risk Screening Pap Tests

Providers must report one of the following International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) screening ("V") diagnosis codes: V15.89, for a screening Pap test. The provider must report this diagnosis code, along with other applicable diagnosis codes.

Medical record documentation must show that all coverage requirements were met.

Fecal Occult Blood Test to screen for Colorectal Cancer

Individuals with colorectal cancer rarely display any symptoms, and the cancer can progress unnoticed and untreated until it becomes fatal. The most common symptom of colorectal cancer is bleeding from the rectum. Other common symptoms include cramps, abdominal pain, intestinal obstruction, or a change in bowel habits.

Colorectal cancer is largely preventable through screening, which can find pre-cancerous polyps (growths in the colon) that can be removed before they develop into cancer. Screening can also detect cancer early when it is easier to treat and cure. Screenings are performed to diagnose colorectal cancer or to determine a member's risk for developing colorectal cancer. Colorectal cancer screening may consist of several different screening services to test for polyps or colorectal cancer. Each colorectal cancer screening can be used alone or in combination.

UnitedHealthcare provides coverage of the following colorectal cancer lab screening service for the early detection of colorectal cancer:

Fecal Occult Blood Test (FOBT), 1-3 simultaneous determinations (guaiac-based)

The **Fecal Occult Blood Test (FOBT)** checks for occult or hidden blood in the stool. A UnitedHealthcare provider gives an FOBT card to the member, and the member can perform the test at home. The member takes stool samples, places them on the test cards, and then returns the test cards to the doctor or a laboratory. The FOBT consists of either one of two types of tests:

1. FOBT, 1-3 Simultaneous Determinations – A guaiac-based test for peroxidase activity, which the member completes by taking samples from two different sites of three consecutive stools; or
2. Immunoassay, FOBT, 1-3 Simultaneous Determinations – An immunoassay (or immunochemical) test for

antibody activity, which the member completes by taking the appropriate number of samples according to the specific manufacturer's instructions.

NOTE: Payment may be made for an immunoassay-based FOBT HCPCS code G0328 as an alternative to the guaiac-based FOBT CPT code 82270. However, UnitedHealthcare will only provide coverage for one FOBT per year: either HCPCS code G0328 or CPT code 82270, but not both.

NOTE: To ensure that UnitedHealthcare only pay for a laboratory test categorized as waived complexity under the Clinical Laboratory Improvement Amendments (CLIA), for dates of service on or after April 5, 2010, HCPCS code G0328 must be billed with modifier - QW to be recognized as a waived test.

The screening FOBT requires a written order from the member's attending physician. Documentation in the member's medical record must identify any risk factors for tests/procedures performed.

Prostate Cancer Screening

PSA Blood Test

Prostate specific antigen is a protein produced by the cells of the prostate gland and released into the blood. The screening PSA blood test measures the level of prostate specific antigen in an individual's blood. The Food and Drug Administration (FDA) approved the use of the PSA blood test along with a DRE to help detect prostate cancer in men aged 50 and older. The FDA also approved the PSA blood test to monitor individuals with a history of prostate cancer to determine if the cancer recurs.

UnitedHealthcare provides coverage of the prostate cancer screening lab test for the early detection of prostate cancer. The lab screening test used by physicians to detect prostate cancer is the screening Prostate Specific Antigen (PSA) blood test.

Each test may be paid at a frequency of **once every 12 months for men who have attained age 50** (i.e., starting at least one day after they have attained age 50), if at least 11 months have passed following the month in which the last Medicare-covered screening digital rectal examination was performed (for digital rectal exams) or PSA test was performed (for PSA tests).

The following Healthcare Common Procedure Coding System (HCPCS) code: G0103 must be used to report prostate cancer screening. Providers must report the following International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) screening ("V") diagnosis code: V76.44, for prostate cancer screening.

Medical record documentation must show the annual preventive screenings were ordered for the purpose of early detection of prostate cancer and that the member is aged 50 or older.

Human Immunodeficiency Virus (HIV) Screening

Acquired Immunodeficiency Syndrome (AIDS) is diagnosed when an individual infected with the Human Immunodeficiency Virus (HIV) becomes severely compromised and/or a person becomes ill with an HIV-related opportunistic infection. Without treatment, AIDS usually develops within 8-10 years after a person's initial HIV infection. While there is presently no cure for HIV, an infected individual can be recognized by screening, and subsequent access to skilled care plus vigilant monitoring and adherence to treatment may delay the onset.

Diagnosis of HIV infection is primarily made through the use of serologic assays. These assays take one of two forms: antibody detection assays and specific HIV antigen (p24) procedures. The antibody assays are usually enzyme immunoassays (EIA), which are used to confirm exposure of an individual's immune system to specific viral antigens. These assays may be formatted to detect HIV-1, HIV-2, or HIV-1 and 2 simultaneously, and to detect both Immunoglobulin M (IgM) and Immunoglobulin G (IgG). When the initial EIA test is repeatedly positive or indeterminate; an alternative test is used to confirm the specificity of the antibodies to individual viral components. The most commonly used method is the Western Blot.

The HIV-1 core antigen (p24) test detects circulating viral antigen, which may be found prior to the development of antibodies and may be present in later stages of illness in the form of recurrent or persistent antigenemia. Its prognostic utility in HIV infection has been diminished as a result of development of sensitive viral ribonucleic acid (RNA) assays, and its primary use today is as a routine screening tool in potential blood donors.

In several unique situations, serologic testing alone may not reliably establish an HIV infection. This may occur because the antibody response (particularly the IgG response detected by Western Blot) has not yet developed

(that is, acute retroviral syndrome) or is persistently equivocal because of inherent viral antigen variability. It is also an issue in perinatal HIV infection due to transplacental passage of maternal HIV antibody. In these situations, laboratory evidence of HIV in blood by culture, antigen assays, or proviral deoxyribonucleic acid (DNA) or viral RNA assays is required to establish a definitive determination of HIV infection.

UnitedHealthcare provides coverage of both standard and Food and Drug Administration (FDA)-approved HIV rapid screening tests as follows:

- A maximum of once annually for members at increased risk for HIV infection (11 full months must elapse following the month the previous test was performed in order for the subsequent test to be covered); and
- A maximum of three times per term of pregnancy for pregnant UnitedHealthcare members beginning with the date of the first test when ordered by the woman's clinician, at the following times:
  - When the diagnosis of pregnancy is known;
  - During the third trimester; and
  - At labor, if ordered by the woman's physician.

NOTE: Members with any known prior diagnosis of HIV-related illness are not eligible for this screening test.

Indications

Diagnostic testing to establish HIV infection may be indicated when there is a strong clinical suspicion supported by one or more of the following clinical findings:

1. The member has a documented, otherwise unexplained, AIDS-defining or AIDS-associated opportunistic infection.
2. The member has another documented sexually transmitted disease, which identifies significant risk of exposure to HIV and the potential for an early or subclinical infection.
3. The member has documented acute or chronic hepatitis B or C infection that identifies a significant risk of exposure to HIV and the potential for an early or subclinical infection.
4. The member has a documented AIDS-defining or AIDS-associated neoplasm.
5. The member has a documented AIDS-associated neurologic disorder or otherwise unexplained dementia.
6. The member has another documented AIDS-defining clinical condition, or a history of other severe, recurrent, or persistent conditions which suggest an underlying immune deficiency (e.g., cutaneous or mucosal disorders).
7. The member has otherwise unexplained generalized signs and symptoms suggestive of a chronic process with an underlying immune deficiency (e.g., fever, weight loss, malaise, fatigue, chronic diarrhea, failure to thrive, chronic cough, hemoptysis, shortness of breath, or lymphadenopathy).
8. The member has otherwise unexplained laboratory evidence of a chronic disease process with an underlying immune deficiency (e.g., anemia, leukopenia, pancytopenia, lymphopenia, or low CD4+ lymphocyte count).
9. The member has signs and symptoms of acute retroviral syndrome with fever, malaise, lymphadenopathy, and skin rash.
10. The member has documented exposure to blood or body fluids known to be capable of transmitting HIV (e.g., needle sticks and other significant blood exposures) and antiviral therapy is initiated or anticipated to be initiated.
11. The member is undergoing treatment for rape. (HIV testing is part of the rape treatment protocol.)

Limitations

1. HIV antibody testing in the United States is usually performed using HIV-1 or HIV-1/2 combination tests. HIV-2 testing is indicated if clinical circumstances suggest HIV-2 is likely (that is, compatible clinical finding and HIV-1 test negative). HIV-2 testing may also be indicated in areas of the country where there is greater prevalence of HIV-2 infections.
2. The Western Blot test should be performed only after documentation that the initial EIA tests are repeatedly positive or equivocal on a single sample.
3. The HIV antigen tests currently have no defined diagnostic usage.
4. Direct viral RNA detection may be performed in those situations where serologic testing does not establish a diagnosis but strong clinical suspicion persists (e.g., acute retroviral syndrome, nonspecific serologic evidence of HIV, or perinatal HIV infection).

5. If initial serologic tests confirm an HIV infection, repeat testing is not indicated.
6. If initial serologic tests are HIV EIA negative and there is no indication for confirmation of infection by viral RNA detection, the interval prior to retesting is three to six months.
7. Testing for evidence of HIV infection using serologic methods may be medically appropriate in situations where there is a risk of exposure to HIV.
8. The Current Procedural Terminology (CPT) Editorial Panel has issued a number of codes for infectious agent detection by direct antigen or nucleic acid probe techniques that have not yet been developed or are only being used on an investigational basis. Laboratory providers are advised to remain current on FDA-approved status for these tests.

The following Healthcare Common Procedure Coding Systems (HCPCS) codes: G0432, G0433, and G0435, must be used to report HIV screening. Providers must report the appropriate International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) screening ("V") diagnosis code(s). Diagnosis codes for HIV screening for members reporting increased risk factors: V73.89 (Primary diagnosis), V69.8 (Secondary Diagnosis). Diagnosis code for HIV screening for members not reporting increased risk factors: V73.89. Diagnosis codes for HIV screening for pregnant members: V73.89 (Primary diagnosis), V22.0, V22.1, and V23.9 (Secondary diagnosis).

Medical record documentation must show that all coverage requirements were met.

***Screening for Sexually Transmitted Illnesses (STI)*:** [See NCD 210.10 for further details, specific coding criteria and sourcing]

Effective for claims with dates of services on or after November 8, 2011, CMS will cover screening for the USPSTF-indicated STIs with the appropriate FDA-approved/cleared laboratory tests:

- *Screening for Chlamydia and Gonorrhea*:
  - Pregnant women who are 24 years old or younger when the diagnosis of pregnancy is known, and then repeat screening during the third trimester if high-risk sexual behavior has occurred since the initial screening test.
  - Women at increased risk for STIs annually.
- *Screening for Syphilis*:
  - Pregnant women when the diagnosis of pregnancy is known, and then repeat screening during the 3rd trimester and at delivery if high-risk sexual behavior has occurred since the previous screening.
  - Men and women at increased risk for STIs annually.
- *Screening for Hepatitis B*:
  - Pregnant women at the first prenatal visit when the diagnosis of pregnancy is known, and then
  - Re-screening at time of delivery for those with new or continuing risk factors.

(See NCD 210.10 for further details, specific coding criteria and sourcing)

CPT / HCPCS Codes

Code(s)	Medicare Covered Screening	Lab NCD Dx Criteria Must Be Met	Non-covered When Submitted With Screening Dx	1. Invalid 2. Never Covered 3.Investigative
80047 – 80048 – Multi-test Laboratory Panels			X	
80050 – Multi-test Laboratory Panels				Never Covered
80051 – Multi-test Laboratory Panels			X	
80053– Multi-test Laboratory Panels			X	
80055 - Multi-test Laboratory Panels				Invalid

Preventive Lab Services				
80061 – Multi-test Laboratory Panels	X	X NCD 190.23		
80069 – Multi-test Laboratory Panels			X	
80074 – Multi-test Laboratory Panels		X NCD 190.33		
80076 – Multi-test Laboratory Panels			X	
80100 – 80101 Drug Screening Tests				Invalid
80102 – 80103 – Drug Screening Tests			X	
80104 - Drug Screening Tests				Invalid
80150 – 80160 – Therapeutic Drug Levels			X	
80162 – Therapeutic Drug Levels		X NCD 190.24		
80164 – 80299 - Therapeutic Drug Levels			X	
80400 – 80440 – Stimulation and Suppression Test Panels			X	
81000 – 81099 - Urine Tests			X	
81161 Molecular Pathology			X	
81200-81479 – Chemistry: Nucleic Acid Diagnostics			X	
81500 - Multianalyte Assays with Algorithmic Analyses (MAAA)				Invalid
81503 - Multianalyte Assays with Algorithmic Analyses (MAAA)				Invalid
81504 – Multianalyte Assays (effective 01/01/2014)			X	
81506 – Multianalyte Assays with Algorithmic Analyses (MAAA)				Invalid
81507 – Multianalyte Assays (effective 01/01/2014)			X	
81508 - 81512 Multianalyte Assays with Algorithmic Analyses (MAAA)				Invalid
81599 Multianalyte Assays				Invalid
82000 – 82030 – Chemistry: Acetaldehyde-Adenosine			X	
82040 – 82045 – Chemistry: Albumin			X	

Preventive Lab Services				
82055 – 82104 – Chemistry: Alcohol—Alpha-fetoprotein (AFP)			X	
82105 – Chemistry: Alcohol—Alpha-fetoprotein (AFP)		X NCD 190.25		
82106 – 82107 – Chemistry: Alcohol—Alpha-fetoprotein (AFP)			X	
82108 – Chemistry: Aluminum			X	
82120 – 82164 – Chemistry: Amines—Biotinidase			X	
82172 – Chemistry: Amines—Biotinidase				Investigational Deny
82175 – 82261 - Chemistry: Amines—Biotinidase			X	
82270 – Chemistry: Occult Blood	No specific dx codes required	X NCD 210.3		
82271 – Chemistry: Occult Blood			X	
82272 – Chemistry: Occult Blood		X NCD 190.34		
82274 – Chemistry: Occult Blood			X	
82286 – 82308 – Chemistry: Bradykinin—Calcitonin			X	
82310 – 82373 – Chemistry: Calcium—Carbohydrate Deficient Transferrin			X	
82374 – Chemistry: Carbon Dioxide			X	
82375 – 82376 – Chemistry: Carboxyhemoglobin (Carbon Monoxide)			X	
82378- Carcinoembryonic antigen (CEA)		X NCD 190.26		
82379 – 82415 – Chemistry: Carnitine—Chloramphenicol			X	
82435 – 82438 – Chemistry: Chloride			X	
82441 – Chemistry: Chlorinated Hydrocarbons			X	
82465 – Chemistry: Cholesterol, Total	X	X NCD 190.23		
82480 – 82492 – Chemistry: Cholinesterase—Chromatography			X	

Preventive Lab Services				
82495 – 82520 – Chemistry: Chromium—Cocaine			X	
82523 – Chemistry: Collagen Crosslinks, Any Method		X NCD 190.19		
82525 – 82726 – Chemistry: Copper—Glucagon Tolerance Test			X	
82728 – Chemistry: Copper—Glucagon Tolerance Test		X NCD 190.10 NCD 190.18		
82731 – 82946 – Chemistry: Copper—Glucagon Tolerance Test			X	
82947 – Chemistry: Glucose Testing	X	X NCD 190.20		
82948 – Chemistry: Glucose Testing		X NCD 190.20		
82950 - 82951 Chemistry: Glucose Testing	X			
82952 – 82953 Chemistry: Glucose Testing			X	
82955 – 82960 – Chemistry: Glucose Testing			X	
82962 – Chemistry: Glucose Testing		X NCD 190.20		
82963 – 82975 – Chemistry: Glucosidase—Lipase			X	
82977 – Chemistry: Glucosidase—Lipase		X NCD 190.32		
82978 – 82980 – Chemistry: Glucosidase—Lipase			X	
82985 – Chemistry: Glucosidase—Lipase		X NCD 190.21		
83001 – 83033 – Chemistry: Glucosidase—Lipase			X	
83036 – Chemistry: Glucosidase—Lipase		X NCD 190.21		
83037 – 83528 – Chemistry: Glucosidase—Lipase			X	
83540 – Chemistry: Glucosidase—Lipase		X NCD 190.18		
83550 – Chemistry: Glucosidase—Lipase		X NCD 190.18		
83570 – 83690 – Chemistry: Glucosidase—Lipase			X	

Preventive Lab Services

83695 – Chemistry: Lipoprotein—Luteinizing Releasing Factor				Investigational Deny
83698 - Chemistry: Lipoprotein—Luteinizing Releasing Factor				Investigational Review
83700 – 83701 Chemistry: Lipoprotein—Luteinizing Releasing Factor		X NCD 190.23		
83704 – Chemistry: Lipoprotein—Luteinizing Releasing Factor		X NCD 190.23		
83718 – Chemistry: Lipoprotein—Luteinizing Releasing Factor	X	X NCD 190.23		
83719 – Chemistry: Lipoprotein—Luteinizing Releasing Factor			X	
83721 – Chemistry: Lipoprotein—Luteinizing Releasing Factor		X NCD 190.23		
83727 – Chemistry: Lipoprotein—Luteinizing Releasing Factor			X	
83735 – 83887 – Chemistry: Magnesium – Nicotine			X	
83890 – 83914 – Chemistry: Nucleic Acid Diagnostics (Deleted 12/31/2012; See 81200-81479 effective 01/01/2013)				
83915 – 84066 – Chemistry: Nucleotidase 5'- — Phosphatase (Acid)			X	
84075 – 84080 – Chemistry: Phosphatase (Alkaline)			X	
84081 – 84150 – Chemistry: Phosphatidylglycerol—Prostaglandin			X	
84152 – Chemistry: Prostate Specific Antigen			X	
84153 – Chemistry: Prostate Specific Antigen		X NCD 190.31		
84154 – 84157 Chemistry: Prostate Specific Antigen			X	
84160 – 84270 – Chemistry: Protein, Total (Refractometry)—Thyroglobulin			X	

Preventive Lab Services

84275 – Chemistry: Protein, Total (Refractometry)—Thyroglobulin			X	No longer Investigational as of 10/09/2013 MRPC
84285 – 84432 – Chemistry: Protein, Total (Refractometry)—Thyroglobulin			X	
84436 – Chemistry: Thyroid Tests		X NCD 190.22		
84437 – Chemistry: Thyroid Tests			X	
84439 – Chemistry: Thyroid Tests		X NCD 190.22		
84442 – Chemistry: Thyroid Tests			X	
84443 – Chemistry: Thyroid Tests		X NCD 190.22		
84445 – 84446 Chemistry: Thyroid Tests			X	
84449 – Chemistry: Tocopherol Alpha—Transcortin			X	
84450 – 84460 Chemistry: Transferase			X	
84466 – Chemistry: Transferrin		X NCD 190.18		
84478 – Chemistry: Triglycerides	X	X NCD 190.23		
84479 – Chemistry: Thyroid Hormone—Triiodothyronine		X NCD 190.22		
84480 – 84482 – Chemistry: Thyroid Hormone—Triiodothyronine			X	
84484 – 84512 – Chemistry : Troponin (Quantitative) — Troponin (Qualitative)			X	
84520 – 84525 – Chemistry: Urea Nitrogen (Blood)			X	
84540 – 84630 – Chemistry: Urea Nitrogen (Urine) – Zinc			X	
84681 Other and Unlisted Chemistry Tests			X	
84702 – Gonadotropin, chorionic; quantitative		X NCD 190.27		
84703 – 84999 – Other and Unlisted Chemistry Tests			X	
85002 – Bleeding Time Test			X	

Preventive Lab Services				
85004 – Blood Counts		X NCD 190.15		
85007 – Blood Counts		X NCD 190.15		
85008 – Blood Counts		X NCD 190.15		
85009 – Blood Counts			X	
85013 – Blood Counts		X NCD 190.15		
85014 – Blood Counts		X NCD 190.15		
85018 – Blood Counts		X NCD 190.15		
85025 – Blood Counts		X NCD 190.15		
85027 – Blood Counts		X NCD 190.15		
85032 – Blood Counts		X NCD 190.15		
85041 – 85046 – Blood Counts			X	
85048 – Blood Counts		X NCD 190.15		
85049 – Blood Counts		X NCD 190.15		
85055 – 85540 – Coagulopathy Testing			X	
85547 – Coagulopathy Testing				Investigational Deny
85549 – 85598 – Coagulopathy Testing			X	
85610 – Coagulopathy Testing		X NCD 190.17		
85611 – 85705 – Coagulopathy Testing			X	
85730 – Partial Thromboplastin Time (PTT)		X NCD 190.16		
85732 – Partial Thromboplastin Time (PTT)			X	
85810 – 85999 – Blood Viscosity and Unlisted Hematology Procedures			X	
86000 – 86063 – Antibody Testing			X	
86077 – 86079 – Blood Bank Services			X	

Preventive Lab Services				
86140 – 86294 – Diagnostic Immunology Testing			X	
86300 – Diagnostic Immunology Testing		X NCD 190.29		
86301 – Diagnostic Immunology Testing		X NCD 190.30		
86304 – Diagnostic Immunology Testing		X NCD 190.28		
86305 – 86344 – Diagnostic Immunology Testing			X	
86352 – Assay Cellular Function			X	
86353 – Lymphocyte Mitogen Response Assay			X	No longer Investigatival as of 05/14/2014 MRPC
86355 – 86590 – Additional Diagnostic Immunology Testing			X	
86592-86593 Syphillis Testing	X	See NCD 210.10		
86602 – 86628 – Testing for Antibiodies to Infectious Agents: Actinomyces—Histoplasma			X	
86631 – 86632 Antibody; Chlamydia	X	See NCD 210.10		
86635 – 86688 Testing for Antibiodies to Infectious Agents: Actinomyces—Histoplasma			X	
86689 – Testing for Antibiodies to Infectious Agents: Actinomyces—Histoplasma		X NCD 190.14		
86692 – 86698 – Testing for Antibiodies to Infectious Agents: Actinomyces—Histoplasma			X	
86701 – Testing for HIV Antibodies		X NCD 190.14		
86702 – Testing for HIV Antibodies		X NCD 190.14		
86703 – Testing for HIV Antibodies		X NCD 190.14		
86704 – 86778 – Testing for Infectious Disease Antibodies: Hepatitis—Yersinia			X	

Preventive Lab Services				
86780 – Antibody; Treponema pallidum	X	See NCD 210.10		
86784 – 86804 Testing for Infectious Disease Antibodies: Hepatitis—Yersinia			X	
86805 – 86808 – Pre-Transplant Antibody Cross Matching			X	
86812 – 86849 – Histocompatibility Testing			X	
86850 – 86906 – Transfusion Services			X	
86910 – 86911 – Transfusion Services				Never Covered
86920 – 86999 – Transfusion Services			X	
87001 – 87084 – Identification of Microorganisms			X	
87086 – Identification of Microorganisms		X NCD 190.12		
87088 – Identification of Microorganisms		X NCD 190.12		
87101 – 87109 – Identification of Microorganisms			X	
87110 – Culture, chlamydia, any source	X	See NCD 210.10		
87116 – 87118 – Identification of Microorganisms			X	
87140 – 87158 – Additional Culture Typing Techniques			X	
87164 – 87181 – Identification of Organism from Primary Source and Sensitivity Studies			X	
87184 – Identification of Organism from Primary Source and Sensitivity Studies		X (included in the NCD)	X	
87185 – Identification of Organism from Primary Source and Sensitivity Studies			X	
87186 – Identification of Organism from Primary Source and Sensitivity Studies		X (included in the NCD)	X	
87187 – 87255 – Identification of Organism from Primary Source and Sensitivity Studies			X	
87260 – 87269 – Fluorescence Microscopy by Organism			X	

Preventive Lab Services				
87270 – Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	X	See NCD 210.10		
87271 – 87300 – Fluorescence Microscopy by Organism			X	
87301 – 87305 - Enzyme Immunoassay Technique by Organism			X	
87320 – Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis	X	See NCD 210.10		
87324 – 87339 – Enzyme Immunoassay Technique by Organism			X	
87340 – 87341 – Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HbsAg)	X	See NCD 210.10		
87350 – 87385 – Enzyme Immunoassay Technique by Organism			X	
87389 - Enzyme Immunoassay Technique by Organism			X	
87390 - Enzyme Immunoassay Technique by Organism		X NCD 190.14		
87391 - Enzyme Immunoassay Technique by Organism		X NCD 190.14		
87400 – 87451 - Enzyme Immunoassay Technique by Organism			X	
87470 – 87487 - Detection Infectious Agent by Probe Techniques			X	
87490 – 87491 - Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	X	See NCD 210.10		
87492 - 87533 - Detection Infectious Agent by Probe Techniques			X	

Preventive Lab Services				
87534 -87535 - Detection Infectious Agent by Probe Techniques		X NCD 190.14		
87536 - Detection Infectious Agent		X NCD 190.13		
87537 -87538 - Detection Infectious Agent by Probe Techniques		X NCD 190.14		
87539 - Detection Infectious Agent		X NCD 190.13		
87540 – 87582 – Detection Infectious Agent by Probe Techniques			X	
87590 – 87591 – Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	X	See NCD 210.10		
87592 – 87799 – Detection Infectious Agent by Probe Techniques			X	
87800 – Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique	X	See NCD 210.10		
87801 – Detection Infectious Agent by Probe Techniques			X	
87802 – 87809 – Detection Infectious Agent by Immunoassay with Direct Optical Observation			X	
87810 – Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis	X	See NCD 210.10		
87850 – Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae	X	See NCD 210.10		
87880 – 87899 – Detection Infectious Agent by Immunoassay with Direct Optical Observation			X	
87900 – 87999 – Drug Sensitivity Genotype/Phenotype			X	

Preventive Lab Services				
88000 – 88099 – Autopsy Services				Never Covered
88104 – 88140 Cytopathology: Other Than Cervical/Vaginal			X	
88141 – 88155 Cytopathology: cervical or vaginal		NCD 190.2 NCD 210.2		
88160 – 88162 Cytopathology, smears, any other source			X	
88164 – 88167 Cytopathology: cervical or vaginal		NCD 190.2 NCD 210.2		
88172 – 88173 Cytopathology			X	
88174 – 88175 Cytopathology: cervical or vaginal			X	
88177 – 88299 Cytogenic Studies			X	
88300 – 88399 Surgical Pathology			X	
88720 – 88749 – In Vivo Lab			X	
89049 – 89240 – Other Procedures			X	
89250 – 89325 – Reproductive Medicine			X	
89329 – Reproductive Medicine			X	No longer Investigational as of 10/09/2013 MRPC
89330 – 89398 – Reproductive Medicine			X	
G0103 – Prostate Cancer Screening	X	See NCD 210.1		
G0123 – G0124 – Screening cytopathology	X	See NCD 210.2		
G0141 – G0148 – Screening cytopathology	X	See NCD 210.2		
G0328 – Colorectal cancer screening	X	See NCD 210.3		
G0431 – Drug screen, qualitative; multiple drug classes by high complexity test method			X	
G0432 – G0433 – HIV-1 and/or HIV-2, screening	X	See NCD 210.7		
G0434 – Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test			X	

Preventive Lab Services

G0435 – HIV-1 and/or HIV-2, screening	X	See NCD 210.7		
G0452 Molecular pathology procedure			X	
G0472 Hepatitis C antibody screening (effective 06/02/2014)		See NCD 210.13 (Implementation 01/05/2015)		
H0003 – Alcohol and/or drug screening				Invalid
P3000 – P3001 – Screening Papanicolaou smear	X	See NCD 210.2		
Q0091 – Screening Papanicolaou smear	X	See NCD 210.2		

Modifiers

Code	Description
QW	CLIA (Clinical Laboratory Improvement Amendments) waived test
TS	Follow-up service
33	Preventive Services

References Included (but not limited to):

CMS Lab NCD(s)

NCD 190.12 Urine Culture, Bacterial
NCD 190.13 Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring)
NCD 190.14 Human Immunodeficiency Virus (HIV) Testing (Diagnosis)
NCD 190.15 Blood Counts
NCD 190.16 Partial Thromboplastin Time (PTT)
NCD 190.17 Prothrombin Time (PT)
NCD 190.18 Serum Iron Studies
NCD 190.19 Collagen Crosslinks, any Method
NCD 190.20 Blood Glucose Testing
NCD 190.21 Glycated Hemoglobin/Glycated Protein
NCD 190.22 Thyroid Testing
NCD 190.23 Lipid Testing
NCD 190.24 Digoxin Therapeutic Drug Assay
NCD 190.25 Alpha-fetoprotein
NCD 190.26 Carcinoembryonic Antigen
NCD 190.27 Human Chorionic Gonadotropin
NCD 190.28 Tumor Antigen by Immunoassay – CA 125
NCD 190.29 Tumor Antigen by Immunoassay – CA 15-3/CA 27.29
NCD 190.30 Tumor Antigen by Immunoassay – CA 19-9
NCD 190.31 Prostate Specific Antigen
NCD 190.32 Gamma Glutamyl Transferase
NCD 190.33 Hepatitis Panel/Acute Hepatitis Panel
NCD 190.34 Fecal Occult Blood Test

CMS Preventive NCD(s)

NCD 210.1 Prostate Cancer Screening Tests
NCD 210.2 Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer
NCD 210.3 Colorectal Cancer Screening Tests

Preventive Lab Services

NCD 210.7 Screening for the Human Immunodeficiency Virus (HIV) Infection

NCD 210.10 Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs

CMS Benefit Policy Manual

Chapter 15; § 280 Preventive and Screening Services, § 280.2.1 Colorectal Cancer Screening, § 280.4 Screening Pap Smears

CMS Claims Processing Manual

Chapter 18; § 30 Screening Pap Smears, § 40 Screening Pelvic Examinations, § 50 Prostate Cancer Screening Tests and Procedures, § 60 Colorectal Cancer Screening, § 90 Diabetes Screening, § 100 Cardiovascular Disease Screening, § 130 Human Immunodeficiency Virus (HIV) Screening Tests, § 170.1 Healthcare Common Procedure Coding System (HCPCS) Codes for Screening for STIs and HIBC to Prevent STIs

CMS Transmittals

Transmittal 141, Change Request 7610, Change Request 01/26/2012 (Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs (ICD-10))

Transmittal 864, Change Request 7012, Dated 03/02/2011 (Waiver of Coinsurance and Deductible for Preventive Services, Section 4104 of the Patient Protection and Affordable Health Care Act (the Affordable Care Act), Removal of Barriers to Preventive Services in Medicare)

Transmittal 2199, Change Request 6786, Dated 04/22/2011 (Screening for the Human Immunodeficiency Virus (HIV) Infection)

Transmittal 2679, Change Request 7631, Dated 03/29/2013 (Revised and Clarified Place of Service (POS) Coding Instructions)

UnitedHealthcare Reimbursement Policy

Colorectal Cancer Screening Tests (NCD 210.3)

Prostate Cancer Screening Tests (NCD 210.1)

Qualitative Drug Testing for Indications Other Than Mental Health

Screening for the Human Immunodeficiency Virus (HIV) Infection (NCD 210.7)

Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs (NCD 210.10)

Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer (NCD 210.2)

Molecular Pathology/Molecular Diagnostics/Genetic Testing

UnitedHealthcare Medicare Advantage Coverage Summaries

Preventive Health Services and Procedures

UnitedHealthcare Medical Policies

Cardiovascular Disease Risk Tests

Hepatitis Screening

Others

Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report January 2013, CMS Website

Medicare Preventive Lab Services Quick Reference Information, The Guide to Medicare Preventive Services. CMS Website

History

Date	Revisions
05/14/2014	Administrative updates
03/04/2014	Administrative updates
10/16/2013	Administrative updates
10/09/2013	Administrative updates
09/24/2013	Administrative updates
08/15/2012	Administrative updates

Preventive Lab Services

04/09/2012	Administrative updates
04/06/2012	Administrative updates
02/01/2012	Administrative updates
12/05/2011	Policy Created
08/01/2008	Policy Implemented

