

Alpha-fetoprotein

CPT: 82105

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**

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

Code	Description
B18.1	Chronic viral hepatitis B without delta-agent
B18.2	Chronic viral hepatitis C
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
E78.2	Mixed hyperlipidemia
E83.110	Hereditary hemochromatosis
E83.119	Hemochromatosis, unspecified
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites
K73.9	Chronic hepatitis, unspecified
K74.00	Hepatic fibrosis
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K75.4	Autoimmune hepatitis
R93.2	Abnormal findings on diagnostic imaging of liver and biliary tract
R93.5	Abnormal findings on diagnostic imaging of other abdominal regions, including retroperitoneum
R97.8	Other abnormal tumor markers
Z85.05	Personal history of malignant neoplasm of liver

To view the complete policy and the full list of codes, please refer to the CMS website reference

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Blood Counts

CPT: 85004, 85007, 85008, 85013, 85014, 85018, 85025, 85027, 85032, 85048, 85049

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***Note—Bolded diagnoses below have the highest utilization**

There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

Code	Description
D50.9	Iron deficiency anemia, unspecified
D64.9	Anemia, unspecified
E03.9	Hypothyroidism, unspecified
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.9	Type 2 diabetes mellitus without complications
E53.8	Deficiency of other specified B group vitamins
E55.9	Vitamin D deficiency, unspecified
E78.00	Pure hypercholesterolemia, unspecified
E78.2	Mixed hyperlipidemia
E78.5	Hyperlipidemia, unspecified
I10	Essential (primary) hypertension
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
N18.30	Chronic Kidney Disease stage 3 unspecified
N39.0	Urinary tract infection, site not specified
R53.83	Other fatigue
R73.01	Impaired fasting glucose
R73.03	Prediabetes
R73.09	Other abnormal glucose
R73.9	Hyperglycemia, unspecified
Z79.899	Other long term (current) drug therapy

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Blood Glucose Testing

CPT: 82947, 82948, 82962

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***Note—Bolded diagnoses below have the highest utilization**

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

Code	Description
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.9	Type 2 diabetes mellitus without complications
E78.00	Pure hypercholesterolemia, unspecified
E78.2	Mixed hyperlipidemia
E78.5	Hyperlipidemia, unspecified
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
N39.0	Urinary tract infection, site not specified
R53.83	Other fatigue
R73.01	Impaired fasting glucose
R73.03	Prediabetes
R73.09	Other abnormal glucose
R73.9	Hyperglycemia, unspecified
R79.89	Other specified abnormal findings of blood chemistry
R79.9	Abnormal finding of blood chemistry, unspecified
R80.9	Proteinuria, unspecified
Z13.1	Encounter for screening for diabetes mellitus
Z79.4	Long term (current) use of insulin
Z79.899	Other long term (current) drug therapy

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Disclaimer:

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. Boone Health 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.

Carcinoembryonic Antigen

CPT: 82378

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**

There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

Code	Description
C18.0	Malignant neoplasm of cecum
C18.2	Malignant neoplasm of ascending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.9	Malignant neoplasm of colon, unspecified
C20	Malignant neoplasm of rectum
C25.9	Malignant neoplasm of pancreas, unspecified
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C56.9	Malignant neoplasm of unspecified ovary
R79.89	Other specified abnormal findings of blood chemistry
R97.0	Elevated carcinoembryonic antigen [CEA]
R97.8	Other abnormal tumor markers
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.3	Personal history of malignant neoplasm of breast

To view the complete policy and the full list of codes, please refer to the CMS website reference

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Collagen Crosslinks (Any Method)

CPT: 82523

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**

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

Code	Description
E05.00	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm
E06.3	Autoimmune thyroiditis
E07.9	Disorder of thyroid, unspecified
E21.0	Primary hyperparathyroidism
E21.1	Secondary hyperparathyroidism, not elsewhere classified
E21.3	Hyperparathyroidism, unspecified
E55.9	Vitamin D deficiency, unspecified
M80.00XA	Age-related osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture
M81.0	Age-related osteoporosis without current pathological fracture
M81.6	Localized osteoporosis [Lequesne]
M81.8	Other osteoporosis without current pathological fracture
M85.80	Other specified disorders of bone density and structure, unspecified site
M85.89	Other specified disorders of bone density and structure, multiple sites
M85.9	Disorder of bone density and structure, unspecified
M88.9	Osteitis deformans of unspecified bone
M89.9	Disorder of bone, unspecified
M94.9	Disorder of cartilage, unspecified
N95.1	Menopausal and female climacteric states
N95.9	Unspecified menopausal and perimenopausal disorder
Z79.899	Other long term (current) drug therapy

To view the complete policy and the full list of codes, please refer to the CMS website reference

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Cytogenetic Studies

CPT: 88230, 88235, 88237, 88249, 88262, 88263, 88264, 88269, 88271, 88273, 88274, 88275, 88280, 88289, 88291

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

Code	Description
C91.00	Acute lymphoblastic leukemia not having achieved remission
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.41	Acute promyelocytic leukemia, in remission
C92.52	Acute myelomonocytic leukemia, in relapse
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C95.00	Acute leukemia of unspecified cell type not having achieved remission
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.21	Refractory anemia with excess of blasts 1
D46.4	Refractory anemia, unspecified
D46.9	Myelodysplastic syndrome, unspecified
D72.0	Genetic anomalies of leukocytes
E29.1	Testicular hypofunction
Q93.89	Other deletions from the autosomes
Q95.0	Balanced translocation and insertion in normal individual
Q96.9	Turner's syndrome, unspecified
Q98.4	Klinefelter syndrome, unspecified
Z13.79	Encounter for other screening for genetic and chromosomal anomalies
Z15.09	Genetic susceptibility to other malignant neoplasm
Z15.89	Genetic susceptibility to other disease

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference

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Digoxin Therapeutic Drug Assay

CPT: 80162

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***Note—Bolded diagnoses below have the highest utilization**

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

Code	Description
E03.9	Hypothyroidism, unspecified
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I42.0	Dilated cardiomyopathy
I42.8	Other cardiomyopathies
I42.9	Cardiomyopathy, unspecified
I47.1	Supraventricular tachycardia
I48.0	Paroxysmal atrial fibrillation
I48.11	Longstanding persistent atrial fibrillation
I48.19	Persistent atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I48.91	Unspecified atrial fibrillation
I49.9	Cardiac arrhythmia, unspecified
I50.22	Chronic systolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.9	Heart failure, unspecified
N18.30	Chronic kidney disease
N18.31	Chronic kidney disease, stage 3a
R53.83	Other fatigue
Z79.899	Other long term (current) drug therapy

To view the complete policy and the full list of codes, please refer to the CMS website reference

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Fecal Occult Blood Test

CPT: 82272

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***Note—Bolded diagnoses below have the highest utilization**

There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

Code	Description
D50.0	Iron deficiency anemia secondary to blood loss (chronic)
D50.9	Iron deficiency anemia, unspecified
D63.1	Anemia in chronic kidney disease
D64.9	Anemia, unspecified
K21.9	Gastro-esophageal reflux disease without esophagitis
K52.9	Noninfective gastroenteritis and colitis, unspecified
K56.7	Ileus, unspecified
K57.30	Diverticulosis of large intestine without perforation or abscess without bleeding
K62.5	Hemorrhage of anus and rectum
K92.1	Melena
R10.30	Lower abdominal pain, unspecified
R10.32	Left lower quadrant pain
R10.84	Generalized abdominal pain
R10.9	Unspecified abdominal pain
R19.5	Other fecal abnormalities
R19.7	Diarrhea, unspecified
R63.4	Abnormal weight loss
Z79.01	Long term (current) use of anticoagulants
Z79.02	Long term (current) use of antithrombotics/antiplatelets
Z86.010	Personal history of colonic polyps

To view the complete policy and the full list of codes, please refer to the CMS website reference

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Gamma Glutamyl Transferase

GGT

CPT: 82977

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***Note—Bolded diagnoses below have the highest utilization**

There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

Code	Description
C61	Malignant neoplasm of prostate
E10.9	Type 1 diabetes mellitus without complications
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.9	Type 2 diabetes mellitus without complications
E78.00	Pure hypercholesterolemia, unspecified
E78.2	Mixed hyperlipidemia
E78.49	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E83.30	Disorder of phosphorus metabolism, unspecified
E83.40	Disorders of magnesium metabolism, unspecified
E83.42	Hypomagnesemia
K74.60	Unspecified cirrhosis of liver
K75.81	Nonalcoholic steatohepatitis (NASH)
K75.9	Inflammatory liver disease, unspecified
K76.0	Fatty (change of) liver, not elsewhere classified
K76.9	Liver disease, unspecified
R74.01	Elevation of levels of liver transaminase levels
R74.8	Abnormal levels of other serum enzymes
Z79.899	Other long term (current) drug therapy
Z94.4	Liver transplant status

To view the complete policy and the full list of codes, please refer to the CMS website reference

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Hemoglobin A1c

Glycated Hemoglobin/Glycated Protein

CPT: 82985, 83036

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There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

Code	Description
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.59	Type 2 diabetes mellitus with other circulatory complications
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications
E79.0	Hyperuricemia without signs of inflammatory arthritis and tophaceous disease
R73.01	Impaired fasting glucose
R73.02	Impaired glucose tolerance (oral)
R73.03	Prediabetes
R73.09	Other abnormal glucose
R73.9	Hyperglycemia, unspecified
R79.89	Other specified abnormal findings of blood chemistry
R79.9	Abnormal finding of blood chemistry, unspecified
Z79.4	Long term (current) use of insulin
Z79.899	Other long term (current) drug therapy

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Human Chorionic Gonadotropin

CPT: 84702

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There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

Code	Description
C56.9	Malignant neoplasm of unspecified ovary
C62.11	Malignant neoplasm of descended right testis
C62.12	Malignant neoplasm of descended left testis
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended
G89.3	Neoplasm related pain (acute) (chronic)
J98.59	Other diseases of mediastinum, not elsewhere classified
N89.8	Other specified noninflammatory disorders of vagina
N94.89	Other specified conditions associated with female genital organs and menstrual cycle
O00.80	Other ectopic pregnancy without intrauterine pregnancy
O02.1	Missed abortion
O02.81	Inappropriate change in quantitative human chorionic gonadotropin (hCG) in early pregnancy
O20.0	Threatened abortion
R10.2	Pelvic and perineal pain
R93.49	Abnormal radiologic findings on diagnostic imaging of other urinary organs
R97.8	Other abnormal tumor markers
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z34.91	Encounter for supervision of normal pregnancy, unspecified, first trimester
Z85.47	Personal history of malignant neoplasm of testis

To view the complete policy and the full list of codes, please refer to the CMS website reference

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Hepatitis Panel/Acute Hepatitis Panel

CPT: 80074

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Code	Description
B17.9	Acute viral hepatitis, unspecified
B18.2	Chronic viral hepatitis C
B19.20	Unspecified viral hepatitis C without hepatic coma
B19.9	Unspecified viral hepatitis without hepatic coma
K74.60	Unspecified cirrhosis of liver
K75.9	Inflammatory liver disease, unspecified
R10.11	Right upper quadrant pain
R10.13	Epigastric pain
R10.84	Generalized abdominal pain
R10.9	Unspecified abdominal pain
R11.0	Nausea
R17	Unspecified jaundice
R53.1	Weakness
R53.81	Other malaise
R53.82	Chronic fatigue, unspecified
R53.83	Other fatigue
R63.4	Abnormal weight loss
R74.01	Elevation of levels of liver transaminase levels
R94.5	Abnormal results of liver function studies
Z01.89	Encounter for other specified special examinations

To view the complete policy and the full list of codes, please refer to the CMS website reference

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Histocompatibility Testing

CPT: 86812, 86816

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***Note—Bolded diagnoses below have the highest utilization**

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

Code	Description
DX Codes	Description
M08.1	Juvenile ankylosing spondylitis
M45.0	Ankylosing spondylitis of multiple sites in spine
M45.2	Ankylosing spondylitis of cervical region
M45.3	Ankylosing spondylitis of cervicothoracic region
M45.4	Ankylosing spondylitis of thoracic region
M45.5	Ankylosing spondylitis of thoracolumbar region
M45.6	Ankylosing spondylitis lumbar region
M45.7	Ankylosing spondylitis of lumbosacral region
M45.8	Ankylosing spondylitis sacral and sacrococcygeal region
M45.9	Ankylosing spondylitis of unspecified sites in spine
N18.4	Chronic kidney disease, stage 4 (severe)
Z52.008	Unspecified donor, other blood
Z52.098	Other blood donor, other blood

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference

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Human Immunodeficiency Virus (HIV)

Prognosis Including Monitoring

CPT: 87536, 87539

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***Note—Bolded diagnoses below have the highest utilization**

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

Code	Description
B20	Human immunodeficiency virus [HIV] disease
B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
R75	Inconclusive laboratory evidence of human immunodeficiency virus [HIV]
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status

To view the complete policy and the full list of codes, please refer to the CMS website reference

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Human Immunodeficiency Virus (HIV) Testing (Diagnosis)

CPT: 86689, 86701, 86702, 86703, 87390, 87391, 87534, 87535, 87537, 87538

CMS National Coverage Policy (continued)

8. The patient has otherwise unexplained laboratory evidence of a chronic disease process with an underlying immune deficiency (for example, anemia, leukopenia, pancytopenia, lymphopenia, or low CD4+ lymphocyte count).
9. The patient has signs and symptoms of acute retroviral syndrome with fever, malaise, lymphadenopathy, and skin rash
10. The patient has documented exposure to blood or body fluids known to be capable of transmitting HIV (for example, needlesticks and other significant blood exposures) and antiviral therapy is initiated or anticipated to be initiated.
11. The patient 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 findings and HIV-1 test negative). HIV-2 testing may 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 (for example, 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 3-6 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. However, in the absence of a documented AIDS defining or HIV-associated disease, an HIV-associated sign or symptom, or documented exposure to a known HIV-infected source, the testing is considered by Medicare to be screening and thus is not covered by Medicare (for example, history of multiple blood component transfusions, exposure to blood or body fluids not resulting in consideration of therapy, history of transplant, history of illicit drug use, multiple sexual partners, same-sex encounters, prostitution, or contact with prostitutes).
8. The 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-approval status for these tests.

Lipid Testing

CPT: 80061, 82465, 83700, 83701, 83704, 83718, 83721, 84478

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***Note—Bolded diagnoses below have the highest utilization**

There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

Code	Description
E03.8	Other specified hypothyroidism
E03.9	Hypothyroidism, unspecified
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications
E66.9	Obesity, unspecified
E78.00	Pure hypercholesterolemia, unspecified
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.49	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
I10	Essential (primary) hypertension
I11.9	Hypertensive heart disease without heart failure
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
R79.89	Other specified abnormal findings of blood chemistry
R79.9	Abnormal finding of blood chemistry, unspecified
Z79.899	Other long term (current) drug therapy

Prothrombin Time (PT)

CPT: 85610

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***Note—Bolded diagnoses below have the highest utilization**

There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

Code	Description
D50.9	Iron deficiency anemia, unspecified
D68.9	Coagulation defect, unspecified
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I26.99	Other pulmonary embolism without acute cor pulmonale
I48.0	Paroxysmal atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I48.91	Unspecified atrial fibrillation
I73.9	Peripheral vascular disease, unspecified
I82.409	Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity
K74.60	Unspecified cirrhosis of liver
R06.02	Shortness of breath
R79.1	Abnormal coagulation profile
Z51.81	Encounter for therapeutic drug level monitoring
Z79.01	Long term (current) use of anticoagulants
Z86.711	Personal history of pulmonary embolism
Z86.718	Personal history of other venous thrombosis and embolism
Z95.2	Presence of prosthetic heart valve
Z95.811	Presence of heart assist device

To view the complete policy and the full list of codes, please refer to the CMS website reference

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Partial Thromboplastin Time (PTT)

CPT: 85730

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

Code	Description
D68.59	Other primary thrombophilia
D68.8	Other specified coagulation defects
D68.9	Coagulation defect, unspecified
D69.6	Thrombocytopenia, unspecified
E11.65	Type 2 diabetes mellitus with hyperglycemia
I48.0	Paroxysmal atrial fibrillation
I48.91	Unspecified atrial fibrillation
I50.9	Heart failure, unspecified
I82.409	Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity
K74.60	Unspecified cirrhosis of liver
M32.9	Systemic lupus erythematosus, unspecified
M79.609	Pain in unspecified limb
N18.9	Chronic kidney disease, unspecified
R06.02	Shortness of breath
R07.9	Chest pain, unspecified
R10.9	Unspecified abdominal pain
R23.3	Spontaneous ecchymoses
R79.1	Abnormal coagulation profile
Z51.81	Encounter for therapeutic drug level monitoring
Z79.01	Long term (current) use of anticoagulants

To view the complete policy and the full list of codes, please refer to the CMS website reference

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Prostate Specific Antigen

CPT: 84153

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**

There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

Code	Description
C61	Malignant neoplasm of prostate
C79.51	Secondary malignant neoplasm of bone
N40.0	Benign prostatic hyperplasia without lower urinary tract symptoms
N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms
N40.2	Nodular prostate without lower urinary tract symptoms
N41.9	Inflammatory disease of prostate, unspecified
N42.9	Disorder of prostate, unspecified
R31.0	Gross hematuria
R31.29	Other microscopic hematuria
R31.9	Hematuria, unspecified
R33.9	Retention of urine, unspecified
R35.0	Frequency of micturition
R35.1	Nocturia
R39.12	Poor urinary stream
R39.14	Feeling of incomplete bladder emptying
R39.15	Urgency of urination
R97.20	Elevated prostate specific antigen [PSA]
R97.21	Rising PSA following treatment for malignant neoplasm of prostate
Z12.5	Encounter for screening for malignant neoplasm of prostate
Z85.46	Personal history of malignant neoplasm of prostate

To view the complete policy and the full list of codes, please refer to the CMS website reference

www.cms.gov ►

Serum Iron Studies

CPT: 82728, 83540, 83550, 84466

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**

There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

Code	Description
D50.0	Iron deficiency anemia secondary to blood loss (chronic)
D50.8	Other iron deficiency anemias
D50.9	Iron deficiency anemia, unspecified
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D51.8	Other vitamin B12 deficiency anemias
D51.9	Vitamin B12 deficiency anemia, unspecified
D53.9	Nutritional anemia, unspecified
D63.1	Anemia in chronic kidney disease
D63.8	Anemia in other chronic diseases classified elsewhere
D64.9	Anemia, unspecified
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.9	Type 2 diabetes mellitus without complications
E61.1	Iron deficiency
I48.91	Unspecified atrial fibrillation
M25.50	Pain in unspecified joint
N18.4	Chronic kidney disease, stage 4 (severe)
N18.9	Chronic kidney disease, unspecified
R79.89	Other specified abnormal findings of blood chemistry
R79.9	Abnormal finding of blood chemistry, unspecified

To view the complete policy and the full list of codes, please refer to the CMS website reference

www.cms.gov ►

Thyroid Testing

CPT: 84436, 84439, 84443, 84479

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**

There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

Code	Description
D64.9	Anemia, unspecified
E03.8	Other specified hypothyroidism
E03.9	Hypothyroidism, unspecified
E04.2	Nontoxic multinodular goiter
E05.90	Thyrotoxicosis, unspecified without thyrotoxic crisis or storm
E06.3	Autoimmune thyroiditis
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.9	Type 2 diabetes mellitus without complications
E78.00	Pure hypercholesterolemia, unspecified
E78.2	Mixed hyperlipidemia
E78.49	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E89.0	Postprocedural hypothyroidism
I10	Essential (primary) hypertension
R53.81	Other malaise
R53.82	Chronic fatigue, unspecified
R53.83	Other fatigue
R73.03	Prediabetes
R94.6	Abnormal results of thyroid function studies
Z79.899	Other long term (current) drug therapy

To view the complete policy and the full list of codes, please refer to the CMS website reference

www.cms.gov ►

Tumor Antigen by Immunoassay CA 125

CPT: 86304

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**

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

Code	Description
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C54.1	Malignant neoplasm of endometrium
C54.9	Malignant neoplasm of corpus uteri, unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.4	Malignant neoplasm of uterine adnexa, unspecified
D39.10	Neoplasm of uncertain behavior of unspecified ovary
D39.11	Neoplasm of uncertain behavior of right ovary
D39.12	Neoplasm of uncertain behavior of left ovary
G89.3	Neoplasm related pain (acute) (chronic)
R19.09	Other intra-abdominal and pelvic swelling, mass and lump
R97.1	Elevated cancer antigen 125 [CA 125]
R97.8	Other abnormal tumor markers
Z85.42	Personal history of malignant neoplasm of other parts of uterus
Z85.43	Personal history of malignant neoplasm of ovary

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference

www.cms.gov ►

Tumor Antigen by Immunoassay

CA 15-3/CA 27.29

CPT: 86300

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**

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

Code	Description
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
R97.8	Other abnormal tumor markers
Z85.3	Personal history of malignant neoplasm of breast

To view the complete policy and the full list of codes, please refer to the CMS website reference

www.cms.gov ►

Tumor Antigen by Immunoassay CA 19-9

CPT: 86301

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**

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

Code	Description
C22.1	Intrahepatic bile duct carcinoma
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C24.9	Malignant neoplasm of biliary tract, unspecified
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified
G89.3	Neoplasm related pain (acute) (chronic)
R97.8	Other abnormal tumor markers
Z85.07	Personal history of malignant neoplasm of pancreas
Z85.09	Personal history of malignant neoplasm of other digestive organs

To view the complete policy and the full list of codes, please refer to the CMS website reference

www.cms.gov ►

Urine Culture, Bacterial

CPT: 87086, 87088

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**

There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

Code	Description
DX Codes	Description
N30.00	Acute cystitis without hematuria
N30.01	Acute cystitis with hematuria
N30.90	Cystitis, unspecified without hematuria
N39.0	Urinary tract infection, site not specified
N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms
R10.9	Unspecified abdominal pain
R30.0	Dysuria
R30.9	Painful micturition, unspecified
R31.0	Gross hematuria
R31.29	Other microscopic hematuria
R31.9	Hematuria, unspecified
R32	Unspecified urinary incontinence
R35.0	Frequency of micturition
R39.15	Urgency of urination
R39.9	Unspecified symptoms and signs involving the genitourinary system
R53.83	Other fatigue
R80.9	Proteinuria, unspecified
R82.90	Unspecified abnormal findings in urine
R82.998	Other abnormal findings in urine
Z79.899	Other long term (current) drug therapy

To view the complete policy and the full list of codes, please refer to the CMS website reference

www.cms.gov ►