

## MEDICARE LOCAL COVERAGE DETERMINATION POLICY

Medicare Local Coverage Determination (LCD) policy plays a crucial role in determining which medical services and procedures Medicare will cover for beneficiaries in specific geographic areas. These policies outline the criteria under which Medicare will reimburse healthcare providers for certain treatments, tests, and procedures. LCDs are developed by Medicare Administrative Contractors (MACs) based on clinical evidence, national coverage policies, and local healthcare needs. They aim to ensure consistent coverage decisions while accounting for regional variations in medical practices and resources. By clarifying what services are covered and under what circumstances, LCD policies help ensure that Medicare beneficiaries receive necessary and appropriate healthcare services while managing costs effectively.

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

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.

DX 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
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
Z79.899	long term (current) drug therapy



# **GGT (Gamma Glutamyl Transferase)**

**CPT: 82977** 

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.

DX Code	Description
B25.9	Cytomegaloviral disease, unspecified
C22.0	Liver cell carcinoma
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
E83.10	Disorder of iron metabolism, unspecified
E83.40	Disorders of magnesium metabolism, unspecified
E83.42	Hypomagnesemia
K74.60	Unspecified cirrhosis of liver
K75.4	Autoimmune hepatitis
K75.81	Nonalcoholic steatohepatitis (NASH)
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

## **Hemoglobin A1c**

CPT: 82985, 83036



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DX Code	Description
E10.65	Type 1 diabetes mellitus with hyperglycemia
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
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



## **Hepatitis Panel / Acute Hepatitis Panel**

(Hep A IgM, Hep B Core IgM, Hep B Surface AG, Hep C AB)

**CPT: 80074** 

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.

DX 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
K74.00	Hepatic fibrosis, unspecified
K74.60	Unspecified cirrhosis of liver
K75.9	Inflammatory liver disease, unspecified Epigastric
R10.13	pain
R10.9	Unspecified abdominal pain
R11.0	Nausea
R16.0	Hepatomegaly, not elsewhere classified
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



## **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.

DX 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 defic 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
D69.6	Thrombocytopenia, unspecified
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.9	Type 2 diabetes mellitus without complications
E61.1	Iron deficiency
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



## **Lipid Testing**

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

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.

DX Code	Description
E03.8	Other specified hypothyroidism
E03.9	Hypothyroidism, unspecified
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
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
l10	Essential (primary) hypertension
l11.9	Hypertensive heart disease without heart failure
l12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
125.10	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

# BIOTECH CLINICAL LABORATORIES

# **PSA (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.

DX 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
R39.11	Hesitancy of micturition
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



# **PT (Prothrombin Time)**

**CPT: 85610** 

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.

DX Code	Description
D50.9	Iron deficiency anemia, unspecified
D68.9	Coagulation defect, unspecified
D69.6	Thrombocytopenia, unspecified
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
126.99	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
148.91	Unspecified atrial fibrillation
182.409	Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity
K74.60	Unspecified cirrhosis of liver
K76.0	Fatty (change of) liver, not elsewhere classified
R06.02	Shortness of breath
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
Z86.718	Personal history of other venous thrombosis and embolism
Z95.2	Presence of prosthetic heart valve
Z01.818	Encounter for other preprocedural examination  **This can only be used with a corresponding DX for the condition that prompted surgery.



# **PTT (Partial Thromboplastin Time)**

**CPT: 85730** 

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.

DX Code	Description
D68.59	Other primary thrombophilia
D68.8	Other specified coagulation defects
D68.9	Coagulation defect, unspecified
D69.2	Other nonthrombocytopenic purpura
D69.6	Thrombocytopenia, unspecified
D69.9	Hemorrhagic condition, unspecified
E11.65	Type 2 diabetes mellitus with hyperglycemia
I48.0	Paroxysmal atrial fibrillation
I48.91	Unspecified atrial fibrillation
150.9	Heart failure, unspecified
182.409	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
R06.02	Shortness of breath
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



## **Respiratory Profile PCR**

Influenza A, Influenza B, RSV, Covid-19)

CPT: 87428, 87631, 87636, 87637, 87913

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.

DX Code	Description
R05.1	Acute cough
R05.2	Subacute cough
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R06.1	Stridor
R06.2	Wheezing
R06.82	Tachypnea, not elsewhere classified
R07.1	Chest pain on breathing
R07.81	Pleurodynia
R09.02	Hypoxemia
R09.1	Pleurisy
R43.0	Anosmia
R43.9	Unspecified disturbances of smell and taste
R50.81	Fever presenting with conditions classified elsewhere
R50.9	Fever, unspecified
R53.1	Weakness
R55	Syncope and collapse
R68.83	Chills (without fever)
R79.81	Abnormal blood-gas level
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z20.822	Contact with and (suspected) exposure to COVID-19
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
U07.1	COVID-19



## **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.

DX Code	Description
D64.9	Anemia, unspecified
E03.8	Other specified hypothyroidism
E03.9	Hypothyroidism, unspecified
E04.2	Nontoxic multinodular goiter
E05.90	Thyrotoxicosis, unsp without thyrotoxic crisis or storm
E06.3	Autoimmune thyroiditis
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.9	Type 2 diabetes mellitus without complications
E29.1	Testicular hypofunction
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
R53.83	Other fatigue
R73.03	Prediabetes
R94.6	Abnormal results of thyroid function studies
Z79.899	Other long term (current) drug therapy



## **Tumor Antigen by Immunoassay – CA 15-3**

**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.

DX 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
C50.119	Malignant neoplasm of central portion of unspecified 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
C50.312	Malignant neoplasm of lower lower-inner quadrant of left female breast
C50.411	Malignant neoplasm of upper upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper upper-outer quadrant of unspecified female breast
C50.511	Malignant neoplasm of lower lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower 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



## **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.

DX Code	Description
N30.00	Acute cystitis without hematuria
N30.01	Acute cystitis with 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
R35.0	Frequency of micturition
R39.15	Urgency of urination
R39.9	Unspecified symptoms and signs involving the genitourinary system
R53.83	Other fatigue
R73.03	Prediabetes
R80.9	Proteinuria, unspecified
R82.79	Other abnormal findings on microbiolog examination of urine
R82.90	Unspecified abnormal findings in urine
R82.998	Other abnormal findings in urine
Z79.899	Other long term (current) drug therapy



## **Urine Drug Testing**

CPT: 80305, 80306, 80307, G0480, G0481, G0482, G0483

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.

DX Code	Description
F10.20	Alcohol dependence, uncomplicated
F11.20	Opioid dependence, uncomplicated
F11.24	Opioid dependence with opioid-induced mood disorder
F19.20	Other psychoactive substance dependence, uncomplicated
G89.29	Other chronic pain
G89.4	Chronic pain syndrome
M25.50	Pain in unspecified joint
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.812	Spondylosis without myelopathy or radiculopathy, cervical region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M54.16	Radiculopathy, lumbar region
M54.2	Cervicalgia
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M51.36	Other intervertebral disc degeneration, lumbar region
M54.5	Low back pain
M79.10	Myalgia unspecified site
M79.7	Fibromyalgia
Z51.81	Encounter for therapeutic drug level monitoring
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy



# **Vitamin D Assay Testing**

CPT: 82306, 82652

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.

DX Code	Description
E21.0	Primary hyperparathyroidism
E21.3	Hyperparathyroidism, unspecified
E55.9	Vitamin D deficiency, unspecified
E66.01	Morbid (severe) obesity due to excess calories
E67.3	Hypervitaminosis D
E83.51	Hypocalcemia
E83.52	Hypercalcemia
K90.9	Intestinal malabsorption, unspecified
M81.0	Age-related osteoporosis without current pathological fracture
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
M89.9	Disorder of bone, unspecified
N18.30	Chronic kidney disease, stage 3 (moderate)
N18.4	Chronic kidney disease, stage 4 (severe)
N25.81	Secondary hyperparathyroidism of renal origin
Z79.4	Long term (current) use of insulin
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy