



National Coverage Determinations & Indiana Medicare Part B LCD's
Clinical Diagnostic Laboratory Services
Effective: September, 2017
Estimated Patient Cost

TEST DESCRIPTION	INCLUDES TESTS	Est. cost
NATIONAL COVERAGE DETERMINATIONS (NCD'S)		
Alpha Fetoprotein (190.25)	82105 – alpha-fetoprotein, serum	\$35.96
Blood Counts (CBC) (190.15)	85004 -- Blood count; automated differential white blood cell (WBC) count 85007 – blood smear, microscopic examination with manual differential WBC count 85008 – blood smear, microscopic examination without manual differential WBC count 85013 – Blood counts, spun microhematocrit 85014 – Blood counts, hematocrit (Hct) 85018 – Blood counts, hemoglobin 85025 – blood counts, complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count. 85027 – Blood counts, complete (CBC), automated (Hcb, Hct, RBC, WBC and platelet count) 85032 – Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each 85048 – Blood counts, leukocyte (WBC) automated. 85049 – Blood count; platelet, automated	\$29.00 \$24.00 \$29.00 \$29.00 \$37.62 \$11.88 \$29.00 \$30.00
Blood Glucose Testing (190.20) (Also see Medicare Preventative Services Quick Reference)	82947 – Glucose; quantitative, blood (except reagent strip) 82948 – Glucose; blood, reagent strip 82962 – Glucose; blood by glucose monitoring device cleared by the FDA specifically for home use	\$29.70 \$34.00
Carcinoembryonic Antigen (CEA) (190.26)	82378 – Carcinoembryonic Antigen (CEA)	\$59.40
Collagen Crosslinks (190.19)	82523 – Collagen Cross Links, any method	\$176.00
Culture-Bacterial (Urine) (190.12)	87086 - Culture, bacterial; quantitative colony count, urine 87088 - Culture, bacterial; with isolation and presumptive identification of isolates, urine	\$49.50 \$27.00
Digoxin Therapeutic Drug Assay (190.24)	80162 – Digoxin (therapeutic drug assay)	\$94.00
Fecal Occult Blood (190.34) (Frequency guideline exists) (Also see Medicare Preventative Services Quick Reference)	82270 – Blood, occult, by peroxidase activity (eg guaiac); feces, 1-3 simultaneous determinations 82272 -Blood, occult, by peroxidase activity (eg guaiac), qual. Feces; single spec (dig exam)	\$27.00 \$27.00
Gamma Glutamyl Transferase (GGT) (190.32)	82977 – Glutamyltransferase, gamma (GGT)	\$29.70
Glycated Hemoglobin/Glycated Protein (190.21) (Frequency guideline exists)	82985 – Glycated protein 83036 – Hemoglobin; glycated (A1C) 83037 - Hemoglobin; glycated (A1C) by device cleared by FDA for home use	\$89.00 \$39.60
Hepatitis Panel (Acute) (190.33)	80074 – Acute Hepatitis Panel – Includes: 87340 – Hepatitis B surface antigen (HBsAg) 86803 – Hepatitis C antibody 86705 – Hepatitis B core antibody (HBcAb), IgM Antibody 86709 – Hepatitis A antibody (HAAb), IgM Antibody	\$128.70
HIV Testing (Prognosis including monitoring) (190.13)	87536 – Infectious agent detection by nucleic acid (DNA or RNA); HIV-1 quantification 87539 – Infectious agent detection by nucleic acid (DNA or RNA); HIV-2 quantification	\$342.00



National Coverage Determinations & Indiana Medicare Part B LCD's
Clinical Diagnostic Laboratory Services
Effective: September, 2017
Estimated Patient Cost

HIV Testing (Diagnosis) (190.14) (Also see Medicare Preventative Services Quick Reference)	86689 – Qual. or semi-quant. Immunoassays performed by multiple step methods; HTLV or HIV antibody, confirmatory test (ie, Western Blot) 86701 – Qual. or semi-quant. Immunoassays performed by multiple step methods; HIV-I 86702 - Qual. or semi-quant. Immunoassays performed by multiple step methods; HIV-II 86703 - Qual. or semi-quant. Immunoassays performed by multiple step methods; HIV-I and HIV-II, single assay. 87390 – Infectious agent antigen detection by enzyme immunoassay technique, qual. or semiquant., multiple step, HIV-I. 87391 - Infectious agent antigen detection by enzyme immunoassay technique, qual. or semiquant., multiple step, HIV-II. 87534 – Infectious agent detection by nucleic acid (DNA or RNA); HIV-I, direct probe technique. 87535 - Infectious agent detection by nucleic acid (DNA or RNA); HIV-I, direct probe technique HIV-I, amplified probe technique. 87537 – Infectious agent detection by nucleic acid (DNA or RNA); HIV-II, direct probe technique. 87538 - Infectious agent detection by nucleic acid (DNA or RNA); HIV-II, direct probe technique HIV-I, amplified probe technique.	\$264.00 \$55.00 \$55.00 \$119.00 \$117.00 \$424.00
HLA (Histocompatibility Testing (190.1))	86812 – HLA B-27	\$149.00
Human Chorionic Gonadotropin (HCG) (190.27)	84702 – Gonadotropin, chorionic (HCG) quantitative	\$29.70
Lipids Testing (190.23)	80061 – Lipid Panel 82172 – Apolipoprotein, each 82465 – Cholesterol, serum, total 83700 – Lipoprotein, blood; electrophoretic separation and quantitation 83701 –Lipoprotein, blood; high resolution fractionation and quantitation of lipoprotein including subclasses when performed. 83718 – Lipoprotein, direct measurement; high density cholesterol (HDL) 83179 – Lipoprotein, direct measurement; VLDL cholesterol 83721 – Direct measurement; LDL cholesterol 84478 - Triglycerides	\$54.36 \$115.00 \$12.68 \$58.00 \$136.44 \$23.76 \$45.54 \$17.92
Pap Smear – screening (Frequency guideline exists) (Also see Medicare Preventative Services Quick Reference)	G0145 – Screening Cytopathology, automated thin layer preparation P3000 – Screening Papanicolaou smear (conventional Pap)	\$74.26 \$62.00
Partial Thromboplastin Time (PTT) (190.16)	85730 – Thromboplastin time, partial (PTT); plasma or whole blood	\$29.70
Prostate Specific Antigen (PSA) (190.31) (Frequency guideline exists) (Also see Medicare Preventative Services Quick Reference)	84152 – Prostate Specific Antigen (PSA); complexed (direct measurement) 84153 – Prostate Specific Antigen (PSA); total 84154 – Prostate Specific Antigen (PSA); free G0103 – Prostate Cancer Screening; Prostate Specific Antigen Test (PSA)	\$56.94 \$95.00 \$56.94
Prothrombin Time (PT) (190.17)	85610 – Prothrombin time	\$15.84
Serum Iron Studies (190.18)	82728 – Ferritin 83540 – Iron 83550 – Iron Binding Capacity 84466 - Transferrin	\$49.50 \$27.72 \$27.72 \$109.00



National Coverage Determinations & Indiana Medicare Part B LCD's
Clinical Diagnostic Laboratory Services
Effective: September, 2017
Estimated Patient Cost

Thyroid Testing (190.22)	84436 – Thyroxine; total 84439 – Thyroxine; free 84443 – Thyroid Stimulating Hormone (TSH) 84479 – Thyroid Hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	\$29.70 \$39.60 \$52.98 \$29.70
Tumor Antigen By Immunoassay (CA 15-3/27.29) (190.29)	86300 – Immunoassay for tumor antigen, quantitative; CA 15-3 / 27.29	\$121.00
Tumor Antigen By Immunoassay (CA-125) (190.28)	86304 – Immunoassay for tumor antigen, quantitative, CA 125	\$108.90
Tumor Antigen By Immunoassay (CA19-9) (190.30)	86301 – Immunoassay for tumor antigen, quantitative; CA 19-9	\$210.00

INDIANA PART B LOCAL COVERAGE DETERMINATIONS (LCD'S)
CONTRACTOR – MAC PART B, WISCONSIN PHYSICIANS SERVICE CORPORATION (08102)

Allergy Testing and Allergy Immunotherapy (L36402) (Frequency Guideline exists)	82785 – Gamma globulin (Immunoglobulin) IGE 86003 – Allergen specific IgE; Quantitative or semi-quantitative, each allergen 86005 – Allergen specific IgE; Qualitative multiallergen screen (dipstick, paddle or disc)	\$21.64 \$19.07 Multiple- please refer to fee schedule.
Biomarkers in Cardiovascular Risk Assessment (L36523)	82172 – Apolipoprotein, Each 82610 – Cystatin C 83090 – Homocysteine 83695 – Lipoprotein (A) 83700 – Lipoprotein, blood; Electrophoretic separation and quantitation 83701 – Lipoprotein, blood; high resolution fractionations and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation) 83721 – Lipoprotein, direct measurement; LDL cholesterol 83880 – Natriuretic peptide 86141 – C-reactive protein; high sensitivity (HSCRP)	\$115.00 \$138.00 \$59.40 \$90.00 \$58.00 \$136.44 \$45.54 \$99.00 \$79.20
Cytogenetic Studies (L34655)	88230 – Tissue culture for non-neoplastic disorders; lymphocyte 88233 – Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy 88235 – Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells 88237 – Tissue culture for non-neoplastic disorders; bone marrow, blood cells 88261 – Chromosome analysis; count 5 cells, 1 karyotype, with banding 88262 – Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding 88264 – Chromosome analysis; analyze 20-25 cells 88269 – Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding. 88271 – Molecular cytogenetics; DNA probe, each (e.g. FISH) 88275 – Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells 88280 – Chromosome analysis; additional karyotypes, each study 88291 – Cytogenetics and molecular cytogenetics, interpretation and report	Multiple – please refer to fee schedule.



National Coverage Determinations & Indiana Medicare Part B LCD's
Clinical Diagnostic Laboratory Services
Effective: September, 2017
Estimated Patient Cost

<p>Drug Testing (L34645)</p>	<p>80305: Drug test(s), presumptive, any number of drug classes. Any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service.</p> <p>80306: Drug test(s), presumptive, any number of drug classes. Any number of devices or procedures (eg, immunoassay); read by instrument assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service.</p> <p>80307: Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay {eg, EIA, ELISA, EMIT, FPIA, IA, IMS, RIA}, chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service.</p> <p>80320 – 80377 - Definitive drug classes - Alcohols – drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more.</p> <p>G0480 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to GC/MS (any type single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); qualitative or quantitative, all source(s), includes specimen validity testing, per day. 1-7 drug class(es), including metabolite(s), if performed.</p> <p>G0481 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to GC/MS (any type single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); qualitative or quantitative, all source(s), includes specimen validity testing, per day. 8-14 drug classes, including metabolite(s), if performed.</p> <p>G0482: Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed</p> <p>G0483: Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed</p>	<p>Multiple – please refer to fee schedule.</p>
------------------------------	--	---



National Coverage Determinations & Indiana Medicare Part B LCD's
Clinical Diagnostic Laboratory Services
Effective: September, 2017
Estimated Patient Cost

Flow Cytometry (L34651)	88182 – Flow Cytometry, cell cycle or DNA analysis 88184 – Flow Cytometry, cell surface, cytoplasmic or nuclear marker, technical component only, first marker 88185 – Flow Cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (list separately in addition to code for first marker) 88187 – Flow Cytometry, interpretation; 2-8 markers 88188 - Flow Cytometry, interpretation; 9-15 markers 88189 - Flow Cytometry, interpretation; 16 or more markers	\$308.00 Multiple – please refer to fee schedule Pro-fee Pro-fee Pro-fee
Genetic Testing for: (L36400) Factor II Prothrombin Factor V Leiden MTHFR	81240: F2 (prothrombin, coagulation factor II) (eg. Hereditary hypercoagulability) gene analysis, 20210G>A variant. 81241: F5 (coagulation factor V)(eg. Hereditary hypercoagulability) gene analysis, Leiden variant. 81291: MTHFR (5,10-methylguanine-DNA methyltransferase)(eg. Hereditary hypercoagulability) gene analysis, common variants (eg. 677T, 1298C)	\$316.00 \$370.00 \$435.00
Vitamin D Assay Testing (L34658)	82306 – Calcifediol (25-OH Vitamin D-3) 82652 – Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed	\$180.00 \$217.00