



ALVERNO LABORATORIES

National Coverage Determinations & Indiana Medicare Part B LCD's

Clinical Diagnostic Laboratory Services

Effective: January 2023

Estimated Patient Cost

TEST DESCRIPTION	INCLUDES TESTS	Est. cost	Reason
NATIONAL COVERAGE DETERMINATIONS (NCD'S)			
Alpha Fetoprotein (190.25)	82105 – alpha-fetoprotein, serum	\$36.00	C
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	\$30.00 \$24.00 \$30.00 \$30.00 \$38.00 \$12.00 \$30.00 \$30.00	C
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	\$30.00 \$34.00	C, F
Carcinoembryonic Antigen (CEA) (190.26)	82378 – Carcinoembryonic Antigen (CEA)	\$60.00	C
Collagen Crosslinks (190.19)	82523 – Collagen Cross Links, any method	\$176.00	C
Culture-Bacterial (Urine) (190.12)	87086 - Culture, bacterial; quantitative colony count, urine 87088 - Culture, bacterial;with isolation and presumptive identification of isolates, urine	\$50.00 \$28.00	C
Digoxin Therapeutic Drug Assay (190.24)	80162 – Digoxin (therapeutic drug assay)	\$94.00	C
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)	\$28.00 \$28.00	C, F
Gamma Glutamyl Transferase (GGT) (190.32)	82977 – Glutamyltransferase, gamma (GGT)	\$30.00	C
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	\$90.00 \$40.00	C, F

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<p>Hepatitis Panel (Acute) (190.33) (Frequency guideline exists) (Also see Medicare Preventative Services Quick Reference)</p>	<p>80074 – Acute Hepatitis Panel – 86704 – Hepatitis B core antibody, Total 86705 - Hepatitis B core antibody IgM 86706 - Hepatitis B surface antibody 86709 – Hepatitis A antibody (HAAb), IgM Antibody 86803 – Hepatitis C antibody</p>	<p>\$130.00 \$50.00 \$118.00 \$46.00 \$124.00 \$50.00</p>	<p>C</p>
<p>HIV Testing (Prognosis including monitoring) (190.13)</p>	<p>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</p>	<p>*Multiple-please refer to fee schedule</p>	<p>C</p>
<p>HIV Testing (Diagnosis) (190.14) (Also see Medicare Preventative Services Quick Reference)</p>	<p>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.</p>	<p>\$264.00 \$56.00 \$56.00 \$120.00 \$118.00 \$424.00 \$274.00</p>	<p>C</p>
<p>HLA (Histocompatibility Testing) (190.1)</p>	<p>86812 – HLA B-27</p>	<p>\$150.00</p>	<p>C</p>
<p>Human Chorionic Gonadotropin (HCG) (190.27)</p>	<p>84702 – Gonadotropin, chorionic (HCG) quantitative</p>	<p>\$30.00</p>	<p>C</p>
<p>Lipids Testing (190.23) Frequency guideline exists (Also see Medicare Preventative Services Quick Reference)</p>	<p>80061 – Lipid Panel 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) 83721 – Direct measurement; LDL cholesterol 84478 - Triglycerides</p>	<p>\$56.00 \$14.00 \$58.00 \$138.00 \$24.00 \$46.00 \$18.00</p>	<p>C, F</p>

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Pap Smear – screening (210.2) (Frequency guideline exists) (Also see Medicare Preventative Services Quick Reference)	G0145 – Screening Cytopathology, automated thin layer preparation P3000 – Screening Papanicolaou smear (conventional Pap)	\$76.00 \$62.00	C, F
Partial Thromboplastin Time (PTT) (190.16)	85730 – Thromboplastin time, partial (PTT); plasma or whole blood	\$30.00	C
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)	\$58.00 \$96.00 \$58.00	C, F
Prothrombin Time (PT) (190.17)	85610 – Prothrombin time	\$16.00	C
Serum Iron Studies (190.18)	82728 – Ferritin 83540 – Iron 83550 – Iron Binding Capacity 84466 – Transferrin	\$50.00 \$28.00 \$28.00 \$110.00	C
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)	\$30.00 \$40.00 \$54.00 \$30.00	C
Tumor Antigen By Immunoassay (CA 15-3/27.29) (190.29)	86300 – Immunoassay for tumor antigen, quantitative; CA 15-3 / 27.29	\$122.00 \$120.00	C
Tumor Antigen By Immunoassay (CA-125) (190.28)	86304 – Immunoassay for tumor antigen, quantitative, CA 125	\$110.00	C
Tumor Antigen By Immunoassay (CA19-9) (190.30)	86301 – Immunoassay for tumor antigen, quantitative; CA 19-9	\$210.00	C
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 86008 – Allergen specific IgE: Recombinant ea 86005 – Allergen specific IgE; Qualitative multiallergen screen (dipstick, paddle or disc; CPT non-covered by Medicare) 86001 —Allergen specific IgG; Quantitative or semi-quantitative, each allergen *(CPT non- covered by Medicare)	\$26.00 \$20.00 \$70.00 \$50.00 *Multiple-please refer to fee schedule.	C, F

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Biomarkers in Cardiovascular Risk Assessment (L36523)	82172 – Apolipoprotein, Each 82610 – Cystatin C 83090 – Homocysteine 83695 – Lipoprotein (A) 83698 – Lipoprotein-Associated Phospholipase A2 (LP-PLA2) 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) 83704 - Lipoprotein, blood; quantitation of lipoprotein particle number(s) (nuclear magnetic resonance spectroscopy) 83721 – Lipoprotein, direct measurement; LDL cholesterol 83880 – Natriuretic peptide 86141 – C-reactive protein; high sensitivity (HSCRP)	\$116.00 \$138.00 \$60.00 \$90.00 \$116.00 \$58.00 \$138.00 \$46.00 \$172.00 \$46.00 \$100.00 \$80.00	C
Foodborne Gastrointestinal Panels by NAATS (A58761)	87505 – Infectious agent detection by nucleic acid (DNA or RNA); 3-5 targets 87506 - Infectious agent detection by nucleic acid (DNA or RNA); 6-11 targets 87507 - Infectious agent detection by nucleic acid (DNA or RNA); 12-25 targets	\$396.00 \$658.00 \$1430.00	C
Multiplex nucleic acid amplified tests for respiratory viral panels. (A58761)	87631 – Infectious agent detection by nucleic acid RNA or DNA, 3-5 targets 87631 – Infectious agent Parainfluenza 1-4 by PCR 87636 - Infectious agent detection by nucleic acid RNA or DNA; severe acute respiratory syndrome Coronavirus 2 and Influenza Virus Types A and B, multiplex amplified probe 87637 - Infectious agent detection nucleic acid RNA or DNA; severe acute respiratory syndrome Coronavirus 2, Influenza Types A and B, and Respiratory Syncytial Virus, multiplex amplified probe 87632 - Infectious agent detection by RNA or DNA, 6-11 targets (non-covered CPT) 87633 — Infectious agent detection by nucleic acid RNA or DNA, 12-25 targets (non-covered CPT)	\$760.00 \$356.00 \$144.00 \$144.00 \$568.00	C
Fragile X (A55163)	81243 – FMR1 Gene Analysis; Evaluation to detect abnormal alleles	\$368.00	E
Genetic Testing for BCR-ABL Negative Myeloproliferative Disease (L36815)	81206 – BCR-ABL1 Major Breakpoint Qual or Quant 81207 – BCR/ABL1 Minor Breakpoint Qual or Quant 81219 – CALR (Calreticulin) Gene Analysis, Common Variants in Exon 9 81270 – JAK2 (Janus Kinase 2), Gene analysis, (V617F) VARIANT 81279 - JAK2 (Janus Kinase 2), Targeted Sequence Analysis (EXONS 12 and 13) 81338 - MPL (MPL Proto-Oncogene, Thrombopoietin Receptor), gene analysis;	\$1008.00 \$890.00 \$1015.00 \$514.00 \$526.00 \$676.00	C
Genetic Testing for: Factor II Prothrombin Factor V Leiden MTHFR (L36400)	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 \$436.00	E
Vitamin D Assay Testing (L34658)	82306 – Calcifediol (25-OH Vitamin D-3) 82652 – Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed	\$110.00 \$218.00	C

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<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>	<p>C</p>
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