UC San Diego Health

Date: October 2023

To: Our Valued Physicians and Providers Ordering Tests from UC San Diego Health Clinical Laboratories

Subject: 2023 Annual Notice to Physicians

From: Ronald W. McLawhon, MD, PhD
Director, Clinical Laboratories and the
Center for Advanced Laboratory Medicine
Professor and Head, Division of Laboratory and Genomic Medicine
Vice Chair, Business Development

UC San Diego Health Clinical Laboratories are committed to full compliance with all applicable federal and state laws and regulations, third party payer requirements, and industry best practices. To that end, and consistent with recommendations of the Office of the Inspector General ("OIG") for the U.S. Department of Health and Human Services Compliance Program Guidance for Clinical Laboratories, the purpose of this annual letter is to inform you about certain important laboratory practices and the regulations governing them.

- **Medical Necessity:** Our requisitions are designed to emphasize physician choice. A physician must be able to order any test that he/she believes is reasonable and medically necessary for the diagnosis or treatment of illness or injury for his/her patient. You are encouraged to order tests separately whenever ALL the tests included in an approved panel are not needed.

  Section 1862(a)(1)(A) of the Social Security Act (42 U.S.C. 1395y(a)(1)(A) defines "medical necessity" as follows:

  "No payment may be made under [Medicare] part A or part B… for any expenses incurred for items or services… (1)(A) which… are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member."

  Incomplete or illegible records can result in denial of payment for services billed to Medicare. In order for a claim for Medicare benefits to be valid, there must be sufficient documentation in the medical record to verify the services performed were "reasonable and necessary" and required the level of care billed. Additionally, if there is insufficient documentation on the claims that have already been adjudicated by Medicare, reimbursement may be considered an overpayment and the funds can be partially or fully recovered.
  Medicare generally does not cover routine screening medical exams or screening tests.

  Please note: The Office of Inspector General (OIG) believes that a physician who orders medically unnecessary tests and knowingly causes a false claim to be submitted may be subject to sanctions or remedies under criminal or administrative law.

- **Required Information:** If you are ordering laboratory tests manually, please use laboratory requisitions preprinted with your location information. The following information is required on all laboratory requisitions:

    1. Patient name
    2. Medical Record # (1234567-8)
    3. Birth date
    4. Current patient billing #
    5. Indicate test(s) to be performed
    6. Physician name
    7. Indicate if order is stat or routine
    8. PID#
    9. Indicate specimen type
    10. ICD-10 diagnosis code(s)
    11. Date and time of specimen collection

- **Reflex Testing Policy:** Reflex testing may be performed in the absence of a specific written order when results of initial testing indicate that a second, related test is medically appropriate. For questions regarding specific tests, please see the UCSD Laboratory Gateway https://www.testmenu.com/ucsd or see pages 6-8 of this notice for the laboratory's current reflex test list. Providers who prefer that reflex testing not be performed may contact the laboratory.

- **Add-On Test Request Policy:** This policy is to ensure that "add-on" test requests for clinical laboratory specimens are properly documented in writing in accordance with Medicare, Medicaid and other federally funded payor guidelines. All laboratory "add-on" test requests will be submitted to the Clinical Laboratories by an electronic requisition submitted via transmission from the EMR to a laboratory defined printer (EPIC Order)

  The Epic order or laboratory requisition request for the added testing must be submitted before the laboratory will report the test result(s). Add-on tests are not a stat priority.

- **Standing Order Policy:** This policy is to ensure that "Standing Orders" are properly ordered, documented and followed in accordance with Medicare, Medicaid and other federally funded payor guidelines. A standing order may be used when ongoing treatment requires that specified testing be performed on a regular, periodic basis without having to submit a new order each time. All testing ordered is subject to applicable medical necessity and frequency guidelines. All standing orders must be renewed every **six months** if a renewal is applicable. The order must be submitted to the Clinical Laboratories in the following formats:

    - An electronic requisition submitted via transmission from the EMR to a laboratory defined printer (EPIC Order)

    - A standardized laboratory requisition form by completing the form and writing "Standing Order" on the requisition. Please provide the 11 requirements stated under Required Information above

The manual standing order must be renewed in writing every six months and must be submitted to the Clinical Laboratories where the patient will access services. Please provide the following required information on the order:

- Effective date and End date of order, month and year (6-month intervals - 06/01/2023 - 12/31/2023)
- Frequency with which the testing is to be performed. The use of the phrase "as the occasion arises, or as necessary" (PRN/prn) is not an acceptable frequency. Please state how often the test should be performed such as "every two weeks."
- When exceptions occur, you may use a regular requisition or place a separate order in Epic

- **Panel Testing and Pricing:** All routine chemistry tests should be ordered separately *except* when all the tests contained in federally defined laboratory panels are medically necessary. Test panel pricing is based on the cost of each component included in a test panel. Individual tests or profiles are never priced below cost. **Panels are paid and billed only when all components are medically necessary**. A complete listing of panel tests, CPT codes and prices is attached.

- **Billing Practices:**

    - UC San Diego Health Clinical Laboratories will submit bills only for tests that are ordered and performed.

        - Calculated test results are not billed. The reporting of such calculation as part of the test results does not affect any claims for reimbursement to federal or privately funded health care programs.
        - Tests will only be billed if performed and reported. Tests that cannot be performed because of specimen limitations or technical problems will not be billed. If a portion of a panel cannot be performed, the panel will be credited and the remaining performed tests will be billed appropriately.

    - No tests are provided to customers or potential customers free of charge or at below cost, either as a professional courtesy or in order to secure additional business.

- **Laboratory Web Site Resources**:

  UCSD Laboratory Reference:
  https://www.testmenu.com/ucsd

  Physician Self-Referral-Stark Law:

  https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/index?redirect=/PhysicianSelfReferral/

  UCSD Health Sciences Compliance Advisory Services
  https://medschool.ucsd.edu/compliance/Pages/default.aspx

  CMS Clinical Labs Center:
  https://www.cms.gov/Center/Provider-Type/Clinical-Labs-Center?redirect=/center/clinical.asp

  The Medicare Coverage Database (MCD) contains all National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs):

  https://www.cms.gov/medicare-coverage-database/search.aspx?redirect=Y&from=Overview&ncd_sections=40

- **The Director of Clinical Laboratories is available to assist you with any questions. Please contact:**

  Ronald W. McLawhon, MD, PhD,
  Director of Clinical Laboratories;
  Division Chief Laboratory and Genomic Medicine;
  Vice Chair for Business Development,
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PANEL PROFILE INFORMATION 2021

PROFILE NAME	CPT CODE	COMPONENTS	MEDICARE PAYMENT
Basic Metabolic Panel	**80048**	Calcium (82310) Carbon Dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	$8.46
Electrolyte Panel	**80051**	Carbon Dioxide (82374) Chloride (82435) Potassium (84132) Sodium (84295)	$7.01
Comprehensive Metabolic Panel	**80053**	Albumin (82040) Bilirubin; total (82247) Calcium (82310) Carbon dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase; alkaline (84075) Potassium (84132) Protein; total (84155) Sodium (84295) Transferase; alanine amino (ALT) (SGPT) (84460) Transferase; aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	$10.56
Lipid Panel	**80061**	Cholesterol, serum or whole blood, total (82465) Triglycerides (84478) Lipoprotein, direct measurement, HDL Cholesterol (83718)	$ 13.39
Renal Function Panel	**80069**	Albumin (82040) Calcium (82310) Carbon Dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	$8.68
Acute Hepatitis Panel	**80074**	Hepatitis A antibody, IgM antibody (86709) Hepatitis B core antibody, IgM antibody (86705) Hepatitis B surface antigen (87340) Hepatitis C antibody (86803)	$47.63

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PROFILE NAME	CPT CODE	COMPONENTS	MEDICARE PAYMENT
Liver Panel or Hepatic Function Panel	**80076**	Albumin (82040) Bilirubin; total (82247) Bilirubin; direct (82248) Phosphatase; alkaline (84075) Protein, total (84155) Transferase; alanine amino (ALT) (SGPT) (84460) Transferase; aspartate amino (AST) (SGOT) (84450)	$8.17

EVERY TEST IN A PANEL MUST BE MEDICALLY NECESSARY FOR THE TREATMENT OR DIAGNOSIS OF THE PATIENT

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-payment/clinicallabfeesched

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REFLEX TESTING PERFORMED BY UC SAN DIEGO HEALTH CLINICAL LABORATORIES

When initial test results are positive or outside normal parameters, additional medically appropriate confirmatory test(s) may be ordered, unless declined. **The following reflex test(s) will be performed at an additional charge:**

Laboratory	Trigger	Reflex Test
Anatomic Pathology	Pap Screen	HPV
	New diagnosis of primary or metastatic breast cancer. Diagnosis of breast cancer after neoadjuvant chemotherapy	ER, PR, and HER2 by IHC; HER2 FISH for invasive cancers
	ER positive/HER2 negative breast cancers with axillary node metastasis	Ki67 (IHC)
	New diagnosis of colon cancer	DNA Mismatch repair testing by IHC (MLH1, MSH2, MSH6, PMS2); testing for BRAF if MLH1 and/or PMS2 is abnormal
	Squamous Cell Carcinoma of the head and neck	P16 (IHC) and PD-L1 (IHC)
	Anaplastic thyroid carcinoma	BRAF VgooE IHC
	Heart Biopsy - Transplant	Trichrome (HISTO) and C4D (IF)
	New diagnosis of cancer in lung: Lung biopsy/ cytology	PD-L1 (IHC)
	Kidney- Biopsy Native (medical)	PAS, Jones, Trichrome (HISTO) IgG, IgA, IgM, C3, C1q, kappa, lambda, fibrinogen, albumin, and FS-H&E
	Kidneys- Biopsy Transplant	PAS, Jones, Trichrome (HISTO) IgG, IgA, IgM, C3, C1q, kappa, lambda, fibrinogen, albumin, FS-H&E, C4d, and SV40 (send out).
	Muscle Biopsies	FS-Trichrome, FS-PAS, FS-H&E, Oil Red O, NADH, ATPase pH 4.3, ATPase pH 9.4, COX/SDH (combined stain), Acid Phosphatase, NSE (non-specific esterase)
	Liver Biopsy (medical)	Reticulin, Trichrome, Iron and PASD Stains. (HISTO)
	New diagnosis of endometrial cancer	DNA Mismatch repair testing by IHC (MLH1, MSH2, MSH6, PMS2); testing for promoter methylation if MLH1 and/or PMS2 is abnormal
	Sentinel lymph nodes, Melanoma of skin	Melan-A (IHC) or HMB-45 (IHC) or SOX10 (IHC) on each block
	Sentinel lymph nodes, gynecologic tract cancer	Pancytokeratins (IHC, x2; ultrastaging)
	Diagnosis of funisitis in placenta <37 weeks gestation	PAS-Fungus (HISTO)
	Endometrial Serous Carcinoma	HER2 (IHC and FISH)
	Cervix cancer	PD-L1 (IHC)
	Recurrent well differentiated lipomatous tumors, lipomatous tumors with equivocal atypia, tumors that are plausibly lipogenic	MDM2 (FISH)
Blood Bank	Positive Antibody Screen	Antibody identification and/or titer RBC Ag typing on patient
	Positive Fetal Screen	The Kleihauer–Betke ("KB") test will be performed to measure the amount of fetal hemoglobin transferred from a fetus to a mother's bloodstream

Blood Bank	Red cells requested on patient with positive antibody	Antigen typing to identify antigen-negative donor units
	Negative Rh Test	Testing for weak D (aka, Du) on all cord blood
	All requests for ABO/Rh, antibody screen, crossmatch on neonates, if not previously performed on cord blood sample.	Direct Coombs test
	Positive Autocontrol in Antibody ID	Direct Coombs test
	Positive Direct Antiglobulin Test	Elution
	Transfusion on neonates	Hemoglobin S screening of donor units, CMV neg, Irradiated.
	Cord Blood, if: Mother is type O or unknown Mother is Rh-negative Mother has clinically significant RBC antibody No maternal antibody screen in 8 months	All: Perform ABO/Rh (and weak D if Rh-neg) and DAT and perform corresponding antigen type if mother has a clinically significant antibody.
	Donor-Directed Red Cell Units	Irradiation
	Apheresis Granulocytes	Crossmatch
	Red Cells ordered on patient with known sickle cell disease	Red cell antigen matching of all donor units/HbS testing of unit
	Patient has Warm Auto-Antibody	Adsorption and/or red cell phenotyping, supply or order phenotype matched units
	Equivocal Kleihauer/Betke	Fetal hemoglobin by flow cytometry
	Report of Transfusion Reaction	ABO/Rh, DAT, hemolysis on post-reaction blood; and if indicated; antibody screen, re-crossmatch; LDH, T/D bilirubin; haptoglobin; gram stain unit; culture unit; anti-HLA antibody tests; IgA level, anti-IgA antibody test
	Report of platelet refractoriness with anti-HLA and/or platelet specific antibodies	Antibody identification
	Prepare platelet order for a patient with anti-HLA and/or platelet specific antibodies	Order antigen-negative, or HLA-matched, or crossmatched platelets
Chemistry	Positive HIV-1/2 Ab and p24 Ag EIA or Positive HIV-1/2 Ab and p24 Ag rapid test	Repeat reactive results are confirmed in microbiology using Geenius HIV 1/2 AB assay. Positive Geenius antibody results are reported as positive and reflex HIV-1 RNA Quantitative PCR for viral load. Negative and indeterminate Geenius antibody results reflex analysis by quantitative real time PCR for HIV-1 RNA on the Roche 6800.
	Troponin with results ≥ 14ng/L	CK, CKMB and a CK relative index measurement when a troponin with reflex to CKMB/relative index is ordered.
	Positive Hepatitis C Virus antibody, with reflex to quantitation (HCVRQ) and genotyping.	Hepatitis C Virus RNA Quantitative PCR performed, and if detected, reflex to HCV genotyping
Cytogenetics	Equivocal HER2 FISH	LIS1/RARA FISH as per recommendations in the 2013 revised ASCO/CAP HER2 reporting guidelines
	Product of Conception (POC) culture failure	Microarray
Hematology/Coagulation	If free Protein S is < 65% in a non-pregnant or post-partum patient	Factor X activity plus Clinical Interpretation must be performed
	If Protein C is abnormal and the free Protein S is normal	Factor VII activity plus Clinical Interpretation must be performed

Hematology/Coagulation	If both Protein C and Protein S are abnormal	Factor X activity plus Clinical Interpretation must be performed
	Abnormal DRVVT (Screen)	DRVVT 1:1 mix, DRVVT- Confirm plus Clinical Interpretation
	Low ATIII, first time only	Clinical Interpretation must be performed
	Hemostasis Panel A: if APTT is prolonged	Do 1:1 mix, FIX, FXI and FXII
	CBCND with NRBC% >1.0 and no previous NRBC within 7days	Convert CBCND to CBC (add automated differential)
HLA	PRA Antibody Screen	Antibody Identification
	HLA Antibody Screen with Suspected Prozone Inhibition	Dilution testing performed to identify high titer HLA antibody specificities
	PRA Antibody Screen w/ background	PRA Antibody screen after DTT treatment
	Post-transplant donor-specific antibody positive, with need to evaluate antibody level	Dilution testing performed to identify high titer HLA antibody specificities
	Antibody Identification w/ background	Antibody Identification after DTT treatment
		Antibody Identification after adsorb
		Antibody Identification after dilution
Microbiology	Positive Microbiology Cultures	Identification, typing and/or susceptibilities will be performed on appropriate isolates
	Rapid Group A Strep Antigen	If negative, culture will be performed
	MTB PCR ordered	AFB culture performed
	Cryptococcus AG-CSF	CSF culture performed
	GIPC2 positive for bacterial pathogen(s)	Stool culture performed, if appropriate
	CSFME ordered	CSF culture performed
	Stool Culture ordered	Shiga-toxin testing performed
	Indeterminate Rapid Influenza A/B and SARS-CoV-2 Combo (FLUCO)	Separate Influenza A/B & RSV PCR and SARS-CoV-2 PCR performed
	Rapid Influenza A/B and SARS-CoV-2 Combo (FLUCO) positive for more than 1 target	Separate Influenza A/B & RSV PCR and SARS-CoV-2 PCR performed
	Positive Group B Strep Nucleic Acid Detection in patients allergic to penicillin	Culture for Group B Strep and susceptibility testing performed
	Pneumonia Pathogens Nucleic Acid Test (BALPC) ordered	Respiratory Culture performed
	Positive Cryptococcus antigen in CSF	Fungus Culture performed
	Positive Coccidioides Screening Test	Coccidioides Antibody Lateral Flow Assay performed
	Positive Coccidioides Antibody Lateral Flow Assay	Coccidioides Complement Fixation Assay performed- This is a send-out test
Immunology	Positive Antibody Screen (AMA, ANCA, ANA, ASMA)	Antibody titer
	ANA + Reflex	If positive (titer >1:80), further titering and the ANA pattern will be reported + the following ENAs will be performed.
	Positive Cryoglobulin Screen	Quantitative protein test; if result is >15 mg/dl, rheumatoid factor testing will be performed on the cryoglobulin supernatant and serum

Toxicology	Positive Urine Drug Screen	Positive drug screening tests are reflexed to the appropriate drug/drug class confirmation test (some tests performed in house and others by outside laboratory). Confirmation testing for multiple drug sub-classes may be performed when only one drug screening test, such as opiates, is positive. See UC San Diego Health Test Directory (www.testmenu.com/ucsd) for a directory of drugs/metabolites targeted and CPT codes included for each drug confirmation test.
Urinalysis	Urinalysis with Reflex to Culture: positive nitrite, positive leukocyte esterase, or >10 WBC	Urine culture performed
Virology/Serology	Positive Syphilis Screen	Quantitative RPR
	Positive Syphilis Screen and Negative Quant RPR	Treponema pallidum particle agglutination assay (TPPA)
	Positive Rapid HIV-1	Repeat reactive results are confirmed in microbiology using Geenius HIV 1/2 AB assay. Positive Geenius antibody results are reported as positive and reflex HIV-1 RNA Quantitative PCR for viral load. Negative and indeterminate Geenius antibody results reflex analysis by quantitative real time PCR for HIV-1 RNA on the Roche 6800.
	Positive Coccidioides ID and/or CF	Quantitative Titer
	Positive VDRL	VDRL Quantitative Titer

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LAB NATIONAL COVERAGE DETERMINATIONS (NCDs) Alphabetical Index
FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES*

1	190.25	Alpha-fetoprotein
2	190.15	Blood counts
3	190.20	Blood glucose testing
4	190.26	Carcinoembryonic antigen
5	190.19	Collagen Crosslinks, any method
6	190.24	Digoxin Therapeutic Drug Assay
7	190.34	Fecal Occult Blood Test
8	190.32	Gamma Glutamyl Transferase
9	190.21	Glycated Hemoglobin/Glycated Protein
10	190.33	Hepatitis Panel/Acute Hepatitis Panel
11	190.27	Human Chorionic Gonadotropin
12	190.14	Human Immunodeficiency Virus (HIV) Testing (Diagnosis)
13	190.13	Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring)
14	190.10	Laboratory Tests – CRD Patients
15	190.23	Lipid Testing
16	190.16	Partial Thromboplastin Time (PTT)
17	190.31	Prostate Specific Antigen
18	190.17	Prothrombin Time (PT)
19	190.18	Serum Iron Studies
20	190.22	Thyroid Testing
21	190.28	Tumor Antigen by Immunoassay – CA 125
22	190.29	Tumor Antigen by Immunoassay – CA 15-3/CA 27.29
23	190.30	Tumor Antigen by Immunoassay – CA 19-9
24	190.12	Urine Culture (Bacterial)

https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=lab&keywordType=starts&areaId=all&docType=NCD&contractOption=all&sortBy=relevance

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Local Coverage Determinations (LCDs) for NORIDAN HEALTHCARE SOLUTIONS, LLC.
FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES* 2023 06 29

	ID	Title
1	L34313	Allergy Testing
2	L39396	Allogeneic Hematopoietic Cell Transplantation for Primary Refractory or Relapsed Hodgkin's and Non-Hodgkin's Lymphoma with B-cell or T-cell Origin
3	L35526	B-type Natriuretic Peptide (BNP) Testing
4	L37054	BDX-XL2
5	L34233	Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs)
6	L34194	Blepharoplasty, Eyelid Surgery, and Brow Lift
7	L35170	Botulinum Toxin Types A and B Policy
8	L34324	Cardiovascular Stress Testing, Including Exercise and/or Pharmacological Stress and Stress Echocardiography
9	L34203	Cataract Surgery in Adults
10	L37547	Chest X-Ray Policy
11	L38824	Colon Capsule Endoscopy (CCE)
12	L38709	Computed Tomography Cerebral Perfusion Analysis (CTP)
13	L34213	Diagnostic and Therapeutic Colonoscopy
14	L34315	Electrocardiograms
15	L39240	Epidural Steroid Joint Injections for Pain Management
16	L38801 (Notice Ended 04/24/2021)	Facet Joint Interventions for Pain Management
17	L37502	Frequency of Hemodialysis
18	L36864	GlycoMark® Testing for Glycemic Control
19	L38310	Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea
20	L34314	Immune Globulin Intravenous (IVIg)
21	L38657	Implantable Continuous Glucose Monitors (I-CGM)
22	L37628	In Vitro Chemosensitivity & Chemoresistance Assays
23	L34218	Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma
24	L36678	Lab: Bladder/Urothelial Tumor Markers
25	L37066	Lab: Coenzyme Q10 (CoQ10)
26	L36668	Lab: Controlled Substance Monitoring and Drugs of Abuse Testing

	ID	Title
27	L37616	Lab: Cystatin C Measurement
28	L34215	Lab: Flow Cytometry
29	L36315	Lab: Special Histochemical Stains and Immunohistochemical Stains
30	L34220	Lumbar MRI
31	L37729	Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor
32	L37620	MDS FISH
33	L36846	Measurement of Salivary Hormones
34	L38299	Micro-Invasive Glaucoma Surgery (MIGS)
35	L35702	Mohs Micrographic Surgery
36	L38355	MolDX: AlloSure® or Equivalent Cell-Free DNA Testing for Kidney and Heart Allografts
37	L36358	MolDX: Biomarkers in Cardiovascular Risk Assessment
38	L38331	MolDX: Blood Product Molecular Antigen Typing
39	L36380	MolDX: Breast Cancer Assay: Prosigna®
40	L37822 (Notice Ended 05/09/2021)	MolDX: Breast Cancer Index® (BCI) Gene Expression Test
41	L37070	MolDX: DecisionDx-UM (Uveal Melanoma)
42	L37295	MolDX: EndoPredict® Breast Cancer Gene Expression Test
43	L37887	MolDX: Envisia, Veracyte, Idiopathic Pulmonary Fibrosis Diagnostic Test
44	L36180	MolDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease
45	L36155	MolDX: Genetic Testing for Hypercoagulability / Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR)
46	L36551	MolDX: HLA-DQB1*06:02 Testing for Narcolepsy
47	L37897	MolDX: Inivata, InVisionFirst, Liquid Biopsy for Patients with Lung Cancer
48	L38972	MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer
49	L37750	MolDX: Melanoma Risk Stratification Molecular Testing
50	L36188	MolDX: MGMT Promoter Methylation Analysis
51	L38814	MolDX: Minimal Residual Disease Testing for Cancer
52	L39005	MolDX: Molecular Biomarkers to Risk-Stratify Pts at Inc. Risk for PC
53	L35160	MolDX: Molecular Diagnostic Tests (MDT)

	ID	Title
54	L39001	MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing
55	L38629	MolDX: Molecular Testing for Solid Organ Allograft Rejection
56	L37879	MolDX: myPath Melanoma Assay
57	L38119	MolDX: Next-Generation Sequencing for Solid Tumors
58	L38123	MolDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies
59	L36335	MolDX: NRAS Genetic Testing
60	L36941	MolDX: Oncotype DX® Breast Cancer for DCIS (Genomic Health™)
61	L36886	MolDX: Percepta© Bronchial Genomic Classifier
62	L38335	MolDX: Pharmacogenomics Testing
63	L38643	MolDX: Phenotypic Biomarker Detection in Circulating Tumor Cells
64	L38151	MolDX: Pigmented Lesion Assay
65	L39230	MolDX: Plasma-Based Genomic Profiling in Solid Tumors
66	L38327	MolDX: Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer
67	L38647	MolDX: Prognostic and Predictive Molecular Classifiers for Bladder Cancer
68	L37299	MolDX: Prometheus IBD sgi Diagnostic® Policy
69	L38339	MolDX: Prostate Cancer Genomic Classifier Assay for Men with Localized Disease
70	L38351	MolDX: Repeat Germline Testing
71	L37373	MRI and CT Scans of the Head and Neck
72	L35456	Nerve Blockade for Treatment of Chronic Pain and Neuropathy
73	L36524	Nerve Conduction Studies and Electromyography
74	L38613	Non-Invasive Fractional Flow Reserve (FFR) for Stable Ischemic Heart Disease
75	L34228	Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF)
76	L34328	Peripheral Nerve Stimulation
77	L35163	Plastic Surgery
78	L39058	Platelet Rich Plasma Injections for Non-Wound Injections
79	L36861	Polysomnography and Other Sleep Studies
80	L36704	ProMark Risk Score
81	L34247	Pulmonary Function Testing
82	L37086	Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder

	ID	Title
83	L34149	Respiratory Care (Respiratory Therapy)
84	L39462	Sacroiliac Joint Injections and Procedures
85	L36702	Serum Magnesium
86	L35136	Spinal Cord Stimulators for Chronic Pain
87	L34163	Total Hip Arthroplasty
88	L36575	Total Knee Arthroplasty
89	L38705	Transurethral Waterjet Ablation of the Prostate
90	L36538	Treatment of Males with Low Testosterone
91	L34209	Treatment of Varicose Veins of the Lower Extremities
92	L34211	Trigger Point Injections
93	L36692	Vitamin D Assay Testing
94	L38902	Wound and Ulcer Care

Last Updated Jun 29, 2023

https://med.noridianmedicare.com/web/jea/policies/lcd/active

Based on information available on listed websites 2023-08-31 – check websites for current information