UC San Diego Health

Date: June 2021

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

Subject: 2021 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 - 06/01/2020 - 12/31/2020)
- 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:
  http://www.testmenu.com/ucsd

  Physician Self-Referral-Stark Law:
  http://www.cms.gov/PhysicianSelfReferral/

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

  CMS Clinical Labs Center:
  http://www.cms.hhs.gov/center/clinical.asp

  The Medicare Coverage Database (MCD) contains all National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs): http://www.cms.hhs.gov/mcd/index_section.asp?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

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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 Current dx of ASCUS or AGUS, if no HPV testing has been performed in past 12 months and patient is 20 years or older. Current dx of LGSIL in post-menopausal women, if no HPV testing has been performed in past 12 months. In the absence of a clear history of menopause, any LGSIL in woman 50 or older.
	New diagnosis of primary or metastatic breast cancer. Diagnosis of breast cancer after neoadjuvant chemotherapy	ER, PR, and HER2/neu by IHC; Her2 FISH for invasive cancers
	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)
	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)
	Endometrial Serous Carcinoma	HER2/neu (IHC and FISH)
	Recurrent well differentiated lipomatous tumors, lipomatous tumors with equivocal atypia, retroperitoneal, intraabdominal, deep extremity and pelvic 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
	Red cells requested on patient with positive antibody	Antigen typing to identify antigen-negative donor units

Blood Bank	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
	Positive SARS-CoV-2 PCR	SARS-CoV-2 Variant Nucleic Acid 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
Immunology	Positive Antibody Screen (AMA, ANCA, ANA, ASMA)	Antibody titer
	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

Updated JUNE 2021

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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	190.23	Lipid Testing
15	190.16	Partial Thromboplastin Time (PTT)
16	190.31	Prostate Specific Antigen
17	190.17	Prothrombin Time (PT)
18	190.18	Serum Iron Studies
19	190.22	Thyroid Testing
20	190.28	Tumor Antigen by Immunoassay – CA 125
21	190.29	Tumor Antigen by Immunoassay – CA 15-3/CA 27.29
22	190.30	Tumor Antigen by Immunoassay – CA 19-9
23	190.12	Urine Culture (Bacterial)

https://www.cms.gov/medicare-coverage-database/indexes/lab-ncd-index.aspx?bc=AgAAgAAAAAAA&

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Local Coverage Determinations (LCDs) for NORIDAN HEALTHCARE SOLUTIONS, LLC.
FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES* 2021-05-27

	ID	Title	Effective Date
1	L34313	Allergy Testing	10/01/2019
2	L35526	B-type Natriuretic Peptide (BNP) Testing	10/01/2019
3	L34233	Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs)	10/01/2019
4	L34194	Blepharoplasty, Eyelid Surgery, and Brow Lift	10/01/2019
5	L35170	Botulinum Toxin Types A and B Policy	10/01/2019
6	L34324	Cardiovascular Stress Testing, Including Exercise and/or Pharmacological Stress and Stress Echocardiography	10/01/2019
7	L34203	Cataract Surgery in Adults	10/01/2019
8	L37547	Chest X-Ray Policy	11/01/2019
9	L38824 (Notice Ended 03/27/2021)	Colon Capsule Endoscopy (CCE)	03/28/2021
10	L38709	Computed Tomography Cerebral Perfusion Analysis (CTP)	12/13/2020
11	L34213	Diagnostic and Therapeutic Colonoscopy	10/01/2019
12	L34315	Electrocardiograms	10/01/2019
13	L38801 (Notice Ended 04/24/2021)	Facet Joint Interventions for Pain Management	04/25/2021
14	L37350	Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification Tests (NAATs)	10/01/2019
15	L37502	Frequency of Hemodialysis	10/01/2019
16	L36864	GlycoMark® Testing for Glycemic Control	03/04/2021
17	L38310	Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea	03/15/2020
18	L34314	Immune Globulin Intravenous (IVIg)	02/01/2020
19	L38657	Implantable Continuous Glucose Monitors (I-CGM)	11/02/2020
20	L37628	In Vitro Chemosensitivity & Chemoresistance Assays	02/25/2021
21	L34218	Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma	10/01/2019
22	L36678	Lab: Bladder/Urothelial Tumor Markers	03/04/2021
23	L37066	Lab: Coenzyme Q10 (CoQ10)	02/25/2021
24	L36668	Lab: Controlled Substance Monitoring and Drugs of Abuse Testing	04/08/2021
25	L34215	Lab: Flow Cytometry	12/01/2019
26	L36351	Lab: Special Histochemical Stains and Immunohistochemical Stains	12/24/2020
27	L34982	Lumbar Epidural Injections	10/01/2019
28	L34220	Lumbar MRI	10/01/2019

	ID	Title	Effective Date
29	L37729	Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor	11/01/2019
30	L36846	Measurement of Salivary Hormones	11/01/2019
31	L38299	Micro-Invasive Glaucoma Surgery (MIGS)	03/23/2020
32	L35702	Mohs Micrographic Surgery	12/01/2019
33	L37120	MolDX: 4Kscore Assay	11/01/2019
34	L38355	MolDX: AlloSure® or Equivalent Cell-Free DNA Testing for Kidney and Heart Allografts	12/06/2020
35	L37746	MolDX: Androgen Receptor Variant (AR-V7) Protein Test	12/06/2020
36	L36882	MolDX: APC and MUTYH Gene Testing	04/01/2021
37	L37054	MolDX: BDX-XL2	11/01/2019
38	L36358	MolDX: Biomarkers in Cardiovascular Risk Assessment	10/01/2019
39	L38331	MolDX: Blood Product Molecular Antigen Typing	12/06/2020
40	L36161	MolDX: BRCA1 and BRCA2 Genetic Testing	12/04/2019
41	L36380	MolDX: Breast Cancer Assay: Prosigna®	04/22/2021
42	L37822 (Notice Ended 05/09/2021)	MolDX: Breast Cancer Index® (BCI) Gene Expression Test	05/10/2021
43	L35710	MolDX: Circulating Tumor Cell Marker Assays	12/01/2019
44	L36327	MolDX: ConfirmMDx Epigenetic Molecular Assay	12/10/2020
45	L37673	MolDX: Corus® CAD Assay	11/01/2019
46	L37616	MolDX: Cystatin C Measurement	12/10/2020
47	L37070	MolDX: DecisionDx-UM (Uveal Melanoma)	12/01/2019
48	L37295	MolDX: EndoPredict® Breast Cancer Gene Expression Test	11/01/2019
49	L37887	MolDX: Envisia, Veracyte, Idiopathic Pulmonary Fibrosis Diagnostic Test	11/01/2019
50	L36180	MolDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease	11/01/2019
51	L36155	MolDX: Genetic Testing for Hypercoagulability / Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR)	11/01/2019
52	L36370	MolDX: Genetic Testing for Lynch Syndrome	01/07/2021
53	L36364	MolDX: Genomic Health™ Oncotype DX® Prostate Cancer Assay	11/01/2019
54	L36551	MolDX: HLA-DQB1*06:02 Testing for Narcolepsy	11/01/2019
55	L37897	MolDX: Inivata, InVisionFirst, Liquid Biopsy for Patients with Lung Cancer	11/01/2019
56	L37620	MolDX: MDS FISH	11/01/2019
57	L37750	MolDX: Melanoma Risk Stratification Molecular Testing	12/06/2020
58	L36188	MolDX: MGMT Promoter Methylation Analysis	11/01/2019
59	L35160	MolDX: Molecular Diagnostic Tests (MDT)	11/01/2019

	ID	Title	Effective Date
60	L37301	MolDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels	10/01/2019
61	L37879	MolDX: myPath Melanoma Assay	11/01/2019
62	L38119	MolDX: Next-Generation Sequencing for Solid Tumors	05/17/2020
63	L38123	MolDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies	05/17/2020
64	L36335	MolDX: NRAS Genetic Testing	12/01/2019
65	L36941	MolDX: Oncotype DX® Breast Cancer for DCIS (Genomic Health™)	12/01/2019
66	L37305	MolDX: Oncotype DX® Genomic Prostate Score for Men with Favorable Intermediate Risk Prostate Cancer	11/01/2019
67	L36886	MolDX: Percepta© Bronchial Genomic Classifier	12/01/2019
68	L38335	MolDX: Pharmacogenomics Testing	08/17/2020
69	L38151	MolDX: Pigmented Lesion Assay	06/07/2020
70	L38327	MolDX: Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer	08/24/2020
71	L36348	MolDX: Prolaris™ Prostate Cancer Genomic Assay	12/01/2019
72	L37080	MolDX: Prolaris™ Prostate Cancer Genomic Assay for Men with Favorable Intermediate Risk Disease	12/01/2019
73	L36704	MolDX: ProMark Risk Score	12/01/2019
74	L37299	MolDX: Prometheus IBD sgi Diagnostic® Policy	02/25/2021
75	L38339	MolDX: Prostate Cancer Genomic Classifier Assay for Men with Localized Disease	12/06/2020
76	L38351	MolDX: Repeat Germline Testing	08/03/2020
77	L38135	MolDX: TruGraf Blood Gene Expression Test	01/05/2020
78	L37373	MRI and CT Scans of the Head and Neck	10/01/2019
79	L35456	Nerve Blockade for Treatment of Chronic Pain and Neuropathy	12/01/2019
80	L36524	Nerve Conduction Studies and Electromyography	12/01/2019
81	L38613	Non-Invasive Fractional Flow Reserve (FFR) for Stable Ischemic Heart Disease (Notice Ended 04/25/2021)	04/26/2021
82	L34228	Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF)	01/10/2021
83	L34328	Peripheral Nerve Stimulation	12/01/2019
84	L35163	Plastic Surgery	10/01/2019
85	L36861	Polysomnography and Other Sleep Studies	12/01/2019
86	L34247	Pulmonary Function Testing	10/01/2019
87	L37086	Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder	12/01/2019

	ID	Title	Effective Date
88	L34149	Respiratory Care (Respiratory Therapy)	10/01/2019
89	L36702	Serum Magnesium	10/01/2019
90	L35136	Spinal Cord Stimulators for Chronic Pain	12/01/2019
91	L34163	Total Hip Arthroplasty	12/01/2019
92	L36575	Total Knee Arthroplasty	12/01/2019
93	L38705	Transurethral Waterjet Ablation of the Prostate	12/27/2020
94	L36538	Treatment of Males with Low Testosterone	11/01/2019
95	L34243	Treatment of Ulcers & Symptomatic Hyperkeratoses	10/01/2019
96	L34209	Treatment of Varicose Veins of the Lower Extremities	12/01/2019
97	L34211	Trigger Point Injections	12/01/2019
98	L36692	Vitamin D Assay Testing	12/01/2019

https://www.cms.gov/medicare-coverage-database/indexes/lcd-list.aspx?Cntrctr=365&ContrVer=1&CntrctrSelected=365*1&LCntrctr=360*1%7c364*1%7c365*1%7c361*1%7c366*1%7c362*1%7c367*1%7c363*1%7c353*1%7c357*1%7c352*1%7c356*1%7c354*1%7c359*1%7c355*1%7c358*1%7c351*1%7c345*1%7c340*1%7c346*1%7c341*1%7c347*1%7c342*1%7c350*1%7c343*1%7c348*1%7c344*1%7c349*1%7c389*1%7c139*2&DocType=2&bc=AAACAAAAAAAA&#aFinal

*Based on information available on listed websites 2021-05-27 – check websites for current information