

Department of Pathology and Laboratory Medicine
Disclosure of Medicare Regulations

Please note that Medicare will only pay for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Section 1862(a)(1)(A) of the Social Security Act states, “no payment may be made under Medicare Part A or Part B for any expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member.”

Medicare publishes their basic coverage limitations in the Medicare Beneficiary Handbook. In addition, Medicare further defines specific coverage limitations by establishing policies, which can be applied at either a national or local level. These specific coverage policies are referred to as National Coverage Decisions (NCDs) or Local Coverage Decisions (LCDs). These policies limit and define the diagnosis (ICD-10) codes that will support medical necessity for a particular laboratory test. It is very important to submit a diagnosis (written or ICD-10 code) on the laboratory requisition which reflects the patient’s signs/symptoms as to why the test was ordered because this is the means by which Medicare determines medical necessity.

Medicare also provides some preventative benefits such as screening for Cardiovascular Disease, Diabetes, Cervical Cancer, HPV screening, Colorectal Cancer, Prostate Cancer, HIV, Hepatitis C and Sexually Transmitted Infections. The details of the Medicare policies and lab related Preventative Benefits can be found in the Compliance Information section of our Lab Services Directory.

Medicare coverage policies can be issued or revised at any time. As we receive these policies we will continue to share them with our clients.

Our laboratory offers the organ or disease oriented panels listed: Basic Metabolic Panel, Comprehensive Metabolic Panel, Electrolyte Panel, Lipid Panel, Liver (Hepatic Function) Panel and Prenatal Panel. On the back of our laboratory requisition we have provided a list of tests included in each panel with the CPT code used for billing. Our Lab Joint Test Catalog also describes what is included in each panel. These panels should only be ordered when all the tests in the panel are medically necessary. Our laboratory requisition provides the option to order as a panel or individually as needed.

We are happy to provide the Medicare reimbursement schedule for any clinical laboratory procedure upon request. If this information is desired, please contact Laboratory Compliance at 847-5121. Please note that Medicaid reimbursement will be equal to or less than the amount of Medicare reimbursement.

Please feel free to discuss any questions that arise regarding laboratory test ordering or interpretation of results with our clinical consultants by contacting Lab Customer Service at 847-5121. A list of clinical consultants is available on our website (<https://www.uvmhealth.org/medcenter/>) at “FIND A DOCTOR”.

National Coverage Decisions (NCDs):

1. Alpha-fetoprotein (AFP)
2. Blood Counts (includes Hemagram, Hemagram w/ Diff, WBC, Hemoglobin, Hematocrit, Platelet Count)
3. CA 125
4. CA 15-3/27.29
5. CA19-9
6. Carcinoembryonic Antigen (CEA)
7. Collagen Crosslinks
8. Digoxin
9. Fecal Occult Blood
10. Gamma Glutamyltransferase (GGT)
11. Glucose Testing
12. Glycated Hemoglobin/Glycated Protein (A1C)
13. HIV –Prognosis
14. HIV-Diagnosis
15. Human Chorionic Gonadotrophin (HCG)
16. Iron Studies (includes Ferritin, Iron, IBC, Transferrin)
17. Lipids (includes Lipid panel, Total cholesterol, Triglycerides, measured LDL, HDL, Lipoprotein quantitation and fractionation)
18. Partial Thromboplastin time (PTT)
19. Prostate Specific Antigen (PSA)
20. Prothrombin Time (PT)
21. Thyroid Testing (includes total T4, Free T4, TSH, and T3 or T4 uptake)
22. Urine Culture (includes susceptibility testing on pathogens)
23. 190.1 Histocompatibility
24. 190.3 Cytogenetics Studies
25. 190.5 Sweat Tests
26. 190.8 Lymphocyte Mitogen Response Assays

Local Coverage Decisions (LCDs):

1. B-type Natriuretic Peptide (BNP)
2. Urine Drug Testing
3. Molecular Pathology
4. RAST Type Test
5. Vitamin D Assay
6. Heavy Metal Testing

Preventive Services

1. Cardiovascular Screening
2. Colorectal Cancer Screening
3. Diabetes Screening
4. Hepatitis C Virus Screening
5. HIV Screening
6. Prostate Cancer Screening
7. Screening for Cervical Cancer with Human Papilloma virus (HPV)
8. Screening for STIs and HIBC to Prevent STIs
9. Screening Pap Tests