

Clinical Diagnostic Laboratory Services: CPT/HCPCS Codes

This list of codes applies to the Medicare Advantage Policy Guideline titled [Clinical Diagnostic Laboratory Services](#).

Approval Date: April 13, 2022

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. The listing of a code does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
0002M- Liver dis 10 assays w/ash			X	
0003M- Liver dis 10 assays w/nash			X	
0014M- Liver ds alys 3 bmrk srm alg			X	
0015M- Adrnl cortcl tum bchm asy 25 (Effective 10/01/2020)			X	
0018M- Trnsply rnl rjctn meas cd154+t cll whl prph bld (Effective 10/01/2021)			X	
0002U- Onc clrct 3 ur metab alg plp			X	
0007U- Rx test prsmv ur w/def conf			X	
0008U- Hpylori detcj abx rstnc dna			X	
0010U- Nfct ds strn typ whl gen seq			X	
0011U- Rx mntr lc-ms/ms oral fluid			X	
0021U- Onc prst8 detcj 8 autoantb			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
0024U- Glyca nuc mr spectrsc quan			X	
0025U- Tenofovir liq chrom ur quan			X	
0035U- Neuro csf prion prtn qual			X	
0038U- Vitamin d srm microsamp quan			X	
0039U- Dna antb 2strand hi avidity			X	
0041U- B brgdrferi antb 5 prtn igm			X	
0042U- B brgdrferi antb 12 prtn igg			X	
0043U- Tbrf b grp antb 4 prtn igm			X	
0044U- Tbrf b grp antb 4 prtn igg			X	
0051U- Rx mntr drugs present lc-ms/ms ur/bld 31 rx pnl			X	
0052U- Lpoprtn bld w/5 maj classes			X	
0054U- Rx mntr 14+ drugs & sbsts			X	
0058U- Onc merkel cll carc srm quan			X	
0059U- Onc merkel cll carc srm +/-			X	
0061U- Tc meas 5 bmrk sfdi m-s alys			X	
0062U- Ai sle igg&igm alys 80 bmrk			X	
0063U- Neuro autism 32 amines alg			X	
0064U- Antb tp total&rpr ia qual			X	
0065U- Syfls tst nontreponemal antb			X	
0066U- Pamg-1 ia cervico-vag fluid			X	
0067U- Onc brst imhchem prfl 4 bmrk			X	
0068U- Candida species pnl amp prb			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
0077U- Ig paraprotein qual bld/ur			X	
0082U- Rx test def 90+ rx/sbsts ur			X	
0086U- Nfct ds bact&fng org ld 6+			X	
0092U- Onc lng 3 prtn bmrk plsm alg			X	
0093U- Rx mntr 65 com drugs urine			X	
0095U- Inflm ee elisa alys alg			X	
0096U- Hpv hi risk types male urine			X	
0106U- Gstr emptg 7 timed brth spec			X	
0107U- C diff tox ag detcj ia stool			X	
0108U- Gi barrett esoph 9 prtn bmrk			X	
0109U- Id aspergillus dna 4 species			X	
0110U- Rx mntr 1+oral onc rx&sbsts			X	
0112U- ladi 16s&18s rrna genes			X	
0116U- Rx mntr nzm ia 35+oral flu			X	
0121U- Sc dis vcam-1 whole blood			X	
0122U- Sc dis p-selectin whl blood			X	
0123U- Mchnl fragility rbc prflg			X	
0124U- Ftl cgen abnor 3 analytes (Deleted 06/30/2020)				
0125U- Ftl cgen abnor prnt comp 5 (Deleted 06/30/2020)				
0126U- Ftl cgen abnor prnt comp 5 y (Deleted 06/30/2020)				
0127U- Ob pe 3 analytes (Deleted 06/30/2020)				

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
0128U- Ob pe 3 analytes y chrmsm (Deleted 06/30/2020)				
0139U- Neuro autism quan meas 6 ctr carbon metabolites (Deleted 10/01/2021)				
0140U- Nfct ds fungi dna 15 trgt			X	
0141U- Nfct Ds Bact&Fng Gram Pos			X	
0142U- Nfct ds bact&fng gram neg			X	
0143U- Drug assay 120+ rx/metabl			X	
0144U- Drug assay 160+ rx/Metabl			X	
0145U- Drug assay 65+ rx/Metabl			X	
0146U- Drug assay y 80+ rx/Metabl			X	
0147U- Drug assay 85+ rx/Metabl			X	
0148U- Drug assay 100+ rx/Metabl			X	
0149U- Drug assay 60+ rx/Metabl			X	
0150U- Drug assay 120+ rx/Metabl			X	
0152U- Nfct ds dna untrgt ngnrj seq			X	
0163U- Onc clrct scr 3 prtn alg			X	
0164U- Gi lbs la anti-cdtb&Vinculin			X	
0165U- Peanut allg asmt epi			X	
0166U- Liver ds 10 biochem asy srm			X	
0167U- Chornc gonadotropin hcg ia			X	
0174U- Onc solid tum mass spectrometric 30 protein trgt (Effective 07/01/2020)			X	
0176U- Cdtb & vinculin igg antibodies by immunoassay (Effective 07/01/2020)			X	

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0178U- Peanut allg spec asmt mlt epi elisa bld clin rxn (Effective 07/01/2020)			X	
0206U- Neuro Alzheimer cell aggregj (Effective 10/01/2020)			X	
0207U- Neuro Alzheimer quan imaging (Effective 10/01/2020)			X	
0210U- Syphilis tst antb ia quan (Effective 10/01/2020)			X	
0219U- Nfct agt hiv gnrj seq alys (Effective 10/01/2020)			X	
0220U- Onc brst ca ai assmt 12 feat (Effective 10/01/2020)			X	
0224U- Antb sev aqt respir synd coronavirus 2 Titer(S) (Effective 06/25/2020)				
0226U- Svnt sarscov2 elisa plsm srm (Effective 08/10/2020)				
0243U- Ob pe biochem asy plcntrl grwth factr mat srm alg (Effective 04/01/2021)			X	
0247U- Ob preterm birth ibp4 shbg quan meas mat srm prs (Effective 04/01/2021)			X	
0248U- Onc brn sphrd cll 12 rx pnl (Effective 07/01/2021)			X	
0249U- Onc brst alys 32 phsprtn alg (Effective 07/01/2021)			X	
0251U- Hepcidin-25 elisa serum/plsm (Effective 07/01/2021)			X	
0252U- Ftl aneuploidy str alys dna (Effective 07/01/2021)			X	
0253U- Rprdtve med rna gen prfl 238 (Effective 07/01/2021)			X	
0254U- Reprdtve med alys 24 chrmsm (Effective 07/01/2021)			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
0255U- Andrology infertility sperm capacitation assmt (Effective 10/01/2021)			X	
0256U- Tma/tmao profile ms/ms urine alg alys&report (Effective 10/01/2021)			X	
0257U- Vlcad leukocyte enzyme activity whole blood (Effective 10/01/2021)			X	
0259U- Nephrology ckd nuclear mrs meas gfr srm Quan (Effective 10/01/2021)			X	
0261U- Onc clrct ca img analysis w/ai assmt 4 features (Effective 10/01/2021)			X	
0263U- Neuro autism quan meas 16 ctr carbon metabolites (Effective 10/01/2021)			X	
0275U- Hem heparin inducd trmbctpna pltit antib reac srm (Effective 10/01/2021)			X	
0279U- Hem vw ds vw factor & collagen iii binding elisa (Effective 10/01/2021)			X	
0280U- Hem vw ds vw factor & collagen iv binding elisa (Effective 10/01/2021)			X	
0281U- hem vw ds vw propeptide elisa ag level (Effective 10/01/2021)			X	
0283U- Von Willebrand factor type 2b plasma (Effective 10/01/2021)			X	
0284U- Von Willebrand factor type 2n factor viii plasma (Effective 10/01/2021)			X	
0295U- Onc brst dux carc prtn xprsn prfl imhchem 7 prtn (Effective 01/01/2022)			X	
0301U- Iadna bartonella henselae & quintana ddpcr (Effective 01/01/2022)			X	
0302U- Iadna brtnla hnslae&quintn ddpcr flwg liq nrchmt (Effective 01/01/2022)			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
0303U- Hem rbc ads ndothl/subndothl ads molec hypoxic (Effective 01/01/2022)			X	
0304U- Hem rbc ads ndothl/subndothl ads molec normoxic (Effective 01/01/2022)			X	
0305U- Hem rbc fncly&dfm funcj shear strs whl blood (Effective 01/01/2022)			X	
0306U- Onc mrd nxt-gnrj alys 1 st (Effective 04/01/2022)			X	
0307U- Onc mrd nxt-gnrj alys sbsq (Effective 04/01/2022)			X	
0308U- Crd cad alys 3 prtn plsm alg (Effective 04/01/2022)			X	
0309U- Crd cv ds aly 4 prtn plm alg (Effective 04/01/2022)			X	
0310U- Ped vsclts kd alys 3 bmrks (Effective 04/01/2022)			X	
0311U- Nfct ds bct quan antmcrb sc (Effective 04/01/2022)			X	
0312U- Ai ds sle alys 8 igg autoant (Effective 04/01/2022)			X	
0313U- Onc pncrs dna&mrna seq 74 (Effective 04/01/2022)			X	
0314U- Onc cutan mlnma mrna 35 gene (Effective 04/01/2022)			X	
0315U- Onc cutan sq cll ca mrna 40 (Effective 04/01/2022)			X	
0316U- B brgdrferi lyme ds ospa evl (Effective 04/01/2022)			X	
0317U- Onc lung ca 4-prb fish assay (Effective 04/01/2022)			X	
0318U- Ped whl gen mthyltn alys 50+ (Effective 04/01/2022)			X	
0319U- Neph rna pretrnspl perph bld (Effective 04/01/2022)			X	
0320U- Neph rna psttrnspl perph bld (Effective 04/01/2022)			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
0321U- Iadna gu pthgn 20bct&fng org (Effective 04/01/2022)			X	
0322U- Neuro asd meas 14 acyl carn (Effective 04/01/2022)			X	
80047- Metabolic panel ionized ca			X	
80048- Metabolic panel total ca			X	
80050- General health panel				Never Covered
80051- Electrolyte panel			X	
80053- Comprehen metabolic panel			X	
80055- Obstetric panel			X	
80061- Lipid panel		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.23B Lipids Testing		
80069- Renal function panel			X	
80074- Acute hepatitis panel		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.33 Hepatitis Panel/Acute Hepatitis Panel		
80076- Hepatic function panel			X	
80143- Drug assay acetaminophen (Effective 01/01/2021)			X	
80145- Drug assay adalimumab			X	
80150- Assay of amikacin			X	
80151- Drug assay amiodarone (Effective 01/01/2021)			X	
80155- Drug assay caffeine			X	
80156- Assay carbamazepine total			X	
80157- Assay carbamazepine free			X	
80158- Drug assay cyclosporine			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
80159- Drug assay clozapine			X	
80161- Asy carbamazepin 10,11-epoxid (Effective 01/01/2021)			X	
80162- Assay of digoxin total		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.24 Digoxin Therapeutic Drug Assay		
80163- Assay of digoxin free			X	
80164- Assay dipropylacetic acid tot			X	
80165- Dipropylacetic acid free			X	
80167- Drug assay felbamate (Effective 01/01/2021)			X	
80168- Assay of ethosuximide			X	
80169- Drug assay everolimus			X	
80170- Assay of gentamicin			X	
80171- Drug screen quant gabapentin			X	
80173- Assay of haloperidol			X	
80175- Drug screen quan lamotrigine			X	
80176- Assay of lidocaine			X	
80177- Drug scrn quan levetiracetam			X	
80178- Assay of lithium			X	
80179- Drug assay salicylate (Effective 01/01/2021)			X	
80180- Drug scrn quan mycophenolate			X	
80181- Drug assay flecainide (Effective 01/01/2021)			X	
80183- Drug scrn quant oxcarbazepin			X	
80184- Assay of phenobarbital			X	
80185- Assay of phenytoin total			X	
80186- Assay of phenytoin free			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
80187- Drug assay posaconazole			X	
80188- Assay of primidone			X	
80189- Drug assay itraconazole (Effective 01/01/2021)			X	
80190- Assay of procainamide			X	
80192- Procainamide level, with metabolites			X	
80193- Drug assay leflunomide (Effective 01/01/2021)			X	
80194- Assay of quinidine			X	
80195- Assay of sirolimus			X	
80197- Assay of tacrolimus			X	
80198- Assay of theophylline			X	
80199- Drug screen quant tiagabine			X	
80200- Assay of tobramycin			X	
80201- Assay of topiramate			X	
80202- Assay of vancomycin			X	
80203- Drug screen quant zonisamide			X	
80204- Drug assay methotrexate (Effective 01/01/2021)			X	
80210- Drug assay rufinamide (Effective 01/01/2021)			X	
80220- Drug Assay Hydroxychloroquine (Effective 01/01/2022)			X	
80230- Drug assay infliximab			X	
80235- Drug assay lacosamide			X	
80280- Drug assay vedolizumab			X	
80285- Drug assay voriconazole			X	
80299- Quantitative assay drug			X	
80320- Alcohols				Invalid
80321- Alcohol biomarkers; 1 or 2				Invalid
80322- Alcohol biomarkers; 3 or more				Invalid
80323- Alkaloids, not otherwise specified				Invalid
80324- Amphetamines; 1 or 2				Invalid

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
80325- Amphetamines; 3 or 4				Invalid
80326- Amphetamines; 5 or more				Invalid
80327- Anabolic steroids; 1 or 2				Invalid
80328- Anabolic steroids; 3 or more				Invalid
80329- Analgesics, non-opioid; 1 or 2				Invalid
80330- Analgesics, non-opioid; 3-5				Invalid
80331- Analgesics, non-opioid; 6 or more				Invalid
80332- Antidepressants, serotonergic class; 1 or 2				Invalid
80333- Antidepressants, serotonergic class; 3-5				Invalid
80334- Antidepressants, serotonergic class; 6 or more				Invalid
80335- Antidepressants, tricyclic and other cyclicals; 1 or 2				Invalid
80336- Antidepressants, tricyclic and other cyclicals; 3-5				Invalid
80337- Antidepressants, tricyclic and other cyclicals; 6 or more				Invalid
80338- Antidepressants, not otherwise specified				Invalid
80339- Antiepileptics, not otherwise specified; 1-3				Invalid
80340- Antiepileptics, not otherwise specified; 4-6				Invalid
80341- Antiepileptics, not otherwise specified; 7 or more				Invalid
80342- Antipsychotics, not otherwise specified; 1-3				Invalid
80343- Antipsychotics, not otherwise specified; 4-6				Invalid
80344- Antipsychotics, not otherwise specified; 7 or more				Invalid
80345- Barbiturates				Invalid
80346- Benzodiazepines; 1-12				Invalid

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
80347- Benzodiazepines; 13 or more				Invalid
80348- Buprenorphine				Invalid
80349- Cannabinoids, natural				Invalid
80350- Cannabinoids, synthetic; 1-3				Invalid
80351- Cannabinoids, synthetic; 4-6				Invalid
80352- Cannabinoids, synthetic; 7 or more				Invalid
80353- Cocaine				Invalid
80354- Fentanyl				Invalid
80355- Gabapentin, non-blood				Invalid
80356- Heroin metabolite				Invalid
80357- Ketamine and norketamine				Invalid
80358- Methadone				Invalid
80359- Methylenedioxyamphetamines (MDA, MDEA, MDMA)				Invalid
80360- Methylphenidate				Invalid
80361- Opiates, 1 or more				Invalid
80362- Opioids and opiate analogs; 1 or 2				Invalid
80363- Opioids and opiate analogs; 3 or 4				Invalid
80364- Opioids and opiate analogs; 5 or more				Invalid
80365- Oxycodone				Invalid
80366- Pregabalin				Invalid
80367- Propoxyphene				Invalid
80368- Sedative hypnotics (non-benzodiazepines)				Invalid
80369- Skeletal muscle relaxants; 1 or 2				Invalid
80370- Skeletal muscle relaxants; 3 or more				Invalid
80371- Stimulants, synthetic				Invalid
80372- Tapentadol				Invalid
80373- Tramadol				Invalid

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
80374- Stereoisomer (enantiomer) analysis, single drug class				Invalid
80375- Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3				Invalid
80376- Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6				Invalid
80377- Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more				Invalid
80400- Acth stimulation panel (adrenal gland insufficiency)			X	
80402- Acth stimulation panel (21 hydroxylase deficiency)			X	
80406- Acth stimulation panel (3 beta-hydroxydehydrogenase deficiency)			X	
80408- Aldosterone suppression eval			X	
80410- Calcitonin stim panel			X	
80412- Crh stimulation panel			X	
80414- Testosterone response panel			X	
80415- Tot estradiol response panel			X	
80416- Renin stimulation panel (renal vein)			X	
80417- Renin stimulation panel (peripheral vein)			X	
80418- Pituitary evaluation panel			X	
80420- Dexamethasone panel			X	
80422- Glucagon tolerance panel (for insulinoma)			X	
80424- Glucagon tolerance panel (for pheochromocytoma)			X	
80426- Gonadotropin hormone panel			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
80428- Growth hormone stimulation panel			X	
80430- Growth hormone suppression panel			X	
80432- Insulin suppression panel			X	
80434- Insulin tolerance panel for ACTH insufficiency			X	
80435- Insulin tolerance panel for growth hormone deficiency			X	
80436- Metyrapone panel			X	
80438- Trh stimulation panel 1			X	
80439- Trh stimulation panel, 2			X	
80503- Pathology clinical consultation sf mdm 5-20 min (Effective 01/01/2022)			X	
80504- Pathology clinical consultation mod mdm 21-40 min (Effective 01/01/2022)			X	
80505- Pathology clinical consultation hi mdm 41-60 min (Effective 01/01/2022)			X	
80506- Pathology clinical consultation prolng svc ea addl 30 (Effective 01/01/2022)			X	
81000- Urinalysis nonauto w/scope			X	
81001- Urinalysis auto w/scope			X	
81002- Urinalysis nonauto w/o scope			X	
81003- Urinalysis auto w/o scope			X	
81005- Urinalysis			X	
81007- Urine screen for bacteria			X	
81015- Microscopic exam of urine			X	
81020- Urinalysis glass test			X	
81025- Urine pregnancy test			X	
81050- Urinalysis volume measure			X	
81099- Unlisted urinalysis procedure			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
81508- Ftl cgen abnor two proteins			X	
81509- Ftl cgen abnor 3 proteins			X	
81510- Ftl cgen abnor three anal			X	
81511- Ftl cgen abnor four anal			X	
81512- Ftl cgen abnor five anal			X	
81560- Trnsplj ped lvr&bwl mes cd154+t cll whl prph bld (Effective 01/01/2022)			X	
81596- Nfct ds chrnc hcv 6 assays			X	
82009- Ketone body(s); qualitative			X	
82010- Ketone body(s); quantitative			X	
82013- Acetylcholinesterase assay			X	
82016- Acylcarnitines qual			X	
82017- Acylcarnitines quant			X	
82024- Assay of acth			X	
82030- Assay of adp & amp			X	
82040- Assay of serum albumin			X	
82042- Other source albumin quan ea			X	
82043- Ur albumin quantitative			X	
82044- Ur albumin semiquantitative			X	
82045- Albumin ischemia modified			X	
82075- Assay of breath ethanol			X	
82077- Assay spec xcp ur&breath ia (Effective 01/01/2021)			X	
82085- Assay of aldolase			X	
82088- Assay of aldosterone			X	
82103- Alpha-1-antitrypsin total			X	
82104- Alpha-1-antitrypsin pheno			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
82105- Alpha-fetoprotein serum		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.25 Alpha-fetoprotein		
82106- Alpha-fetoprotein amniotic			X	
82107- Alpha-fetoprotein I3			X	
82108- Assay of aluminum			X	
82120- Amines vaginal fluid qual			X	
82127- Amino acid single qual			X	
82128- Amino acids mult qual			X	
82131- Amino acids single quant			X	
82135- Assay aminolevulinic acid			X	
82136- Amino acids quant 2-5			X	
82139- Amino acids quan 6 or more			X	
82140- Assay of ammonia			X	
82143- Amniotic fluid scan			X	
82150- Assay of amylase			X	
82154- Androstenediol glucuronide			X	
82157- Assay of androstenedione			X	
82160- Assay of androsterone			X	
82163- Assay of angiotensin ii			X	
82164- Angiotensin i enzyme test			X	
82175- Assay of arsenic			X	
82180- Assay of ascorbic acid			X	
82190- Atomic absorption			X	
82232- Assay of beta-2 protein			X	
82239- Bile acids total			X	
82240- Chemistry			X	
82247- Bilirubin total			X	
82248- Bilirubin direct			X	
82252- Chemistry			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
82261- Assay of biotinidase			X	
82271- Occult blood other sources			X	
82272- Occult bld feces 1-3 tests		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.34 Fecal Occult Blood Test		
82274- Assay test for blood fecal			X	
82286- Assay of bradykinin			X	
82300- Assay of cadmium			X	
82308- Assay of calcitonin			X	
82310- Assay of calcium, total			X	
82330- Assay of calcium, ionized			X	
82331- Calcium infusion test			X	
82340- Assay of calcium in urine			X	
82355- Calculus analysis qual			X	
82360- Calculus assay quant			X	
82365- Calculus spectroscopy			X	
82370- X-ray assay calculus			X	
82373- Assay c-d transfer measure			X	
82374- Assay blood carbon dioxide			X	
82375- Assay carboxyhb quant			X	
82376- Assay carboxyhb qual			X	
82378- Carcinoembryonic antigen (CEA)		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.26 Carcinoembryonic Antigen		
82379- Assay of carnitine			X	
82380- Assay of carotene			X	
82382- Assay urine catecholamines			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
82383- Assay blood catecholamines			X	
82384- Assay three catecholamines			X	
82387- Assay of cathepsin-d			X	
82390- Assay of ceruloplasmin			X	
82397- Chemiluminescent assay			X	
82415- Assay of chloramphenicol			X	
82435- Assay of blood chloride			X	
82436- Assay of urine chloride			X	
82441- Test for chlorohydrocarbons			X	
82465- Assay bld/serum cholesterol		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.23B Lipids Testing		
82480- Assay serum cholinesterase			X	
82482- Assay rbc cholinesterase			X	
82485- Assay chondroitin sulfate			X	
82507- Assay of citrate			X	
82523- Collagen crosslinks		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.19 Collagen Crosslinks, Any Method		
82525- Assay of copper			X	
82528- Assay of corticosterone			X	
82530- Cortisol free			X	
82533- Total cortisol			X	
82540- Assay of creatine			X	
82542- Col chromatography qual/quan			X	
82550- Assay of ck (cpk)			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
82552- Assay of cpk in blood			X	
82553- Creatine mb fraction			X	
82554- Creatine isoforms			X	
82565- Assay of creatinine			X	
82570- Assay of urine creatinine			X	
82575- Creatinine clearance test			X	
82585- Assay of cryofibrinogen			X	
82595- Assay of cryoglobulin			X	
82600- Assay of cyanide			X	
82607- Vitamin b-12			X	
82608- B-12 binding capacity			X	
82615- Test for urine cystines			X	
82626- Dehydroepiandrosterone (DHEA)			X	
82627- Dehydroepiandrosterone (DHEA-S)			X	
82633- Desoxycorticosterone			X	
82634- Deoxycortisol			X	
82638- Assay of dibucaine number			X	
82642- Dihydrotestosterone			X	
82653- Elastase pancreatic fecal quantitative (Effective 01/01/2022)			X	
82656- Elastase pancreatic fecal qual/semi-quantitative			X	
82657- Enzyme cell activity			X	
82658- Enzyme cell activity ra			X	
82664- Electrophoretic test			X	
82668- Assay of erythropoietin			X	
82670- Assay of total estradiol			X	
82671- Assay of estrogens			X	
82672- Assay of estrogen			X	
82677- Assay of estriol			X	
82679- Assay of estrone			X	
82681- Assay dir meas fr estradiol (Effective 01/01/2021)			X	
82693- Assay of ethylene glycol			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
82696- Assay of etiocholanolone			X	
82705- Fats/lipids feces qual			X	
82710- Fats/lipids feces quant			X	
82715- Assay of fecal fat			X	
82725- Assay of blood fatty acids			X	
82726- Long chain fatty acids			X	
82728- Assay of ferritin		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.18 Serum Iron Studies		
82731- Assay of fetal fibronectin			X	
82735- Assay of fluoride			X	
82746- Assay of folic acid serum			X	
82747- Assay of folic acid rbc			X	
82757- Assay of semen fructose			X	
82759- Assay of rbc galactokinase			X	
82760- Assay of galactose			X	
82775- Assay galactose transferase			X	
82776- Galactose transferase test			X	
82777- Galectin-3			X	
82784- Assay iga/igd/igg/igm each			X	
82785- Assay of ige			X	
82787- Igg 1 2 3 or 4 each			X	
82800- Blood ph			X	
82803- Blood gases any combination			X	
82805- Blood gases w/o2 saturation			X	
82810- Blood gases o2 sat only			X	
82820- Hemoglobin-oxygen affinity			X	
82930- Gastric analy w/ph ea spec			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
82938- Gastrin test			X	
82941- Assay of gastrin			X	
82943- Assay of glucagon			X	
82945- Glucose other fluid			X	
82946- Glucagon tolerance test			X	
82947- Assay glucose blood quant		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.20B Blood Glucose Testing		
82948- Reagent strip/blood glucose		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.20A Blood Glucose Testing		
82950- Glucose test	X			
82951- Glucose tolerance test (gtt)	X			
82952- Gtt-added samples			X	
82955- Assay of g6pd enzyme			X	
82960- Test for g6pd enzyme			X	
82962- Glucose blood test		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.20A Blood Glucose Testing		
82963- Assay of glucosidase			X	
82965- Assay of gdh enzyme			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
82977- Assay of ggt		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.32 Gamma Glutamyl Transferase		
82978- Assay of glutathione			X	
82979- Assay rbc glutathione			X	
82985- Assay of glycated protein		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.21 Glycated Hemoglobin/Glycated Protein		
83001- Assay of gonadotropin (fsh)			X	
83002- Assay of gonadotropin (lh)			X	
83003- Assay growth hormone (hgh)			X	
83006- Growth stimulation gene 2			X	
83009- H pylori (c-13) blood			X	
83010- Assay of haptoglobin quant			X	
83012- Assay of haptoglobins			X	
83013- H pylori (c-13) breath			X	
83014- H pylori drug admin			X	
83015- Heavy metal qual any anal			X	
83018- Heavy metal quant each nes			X	
83020- Hemoglobin electrophoresis			X	
83021- Hemoglobin chromatography			X	
83026- Hemoglobin copper sulfate			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
83030- Fetal hemoglobin chemical			X	
83033- Fetal hemoglobin assay qual			X	
83036- Glycosylated hemoglobin test		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.21 Glycated Hemoglobin/Glycated Protein		
83037- Glycosylated hb home device			X	
83045- Blood methemoglobin test			X	
83050- Blood methemoglobin assay			X	
83051- Assay of plasma hemoglobin			X	
83060- Blood sulfhemoglobin assay			X	
83065- Assay of hemoglobin heat			X	
83068- Hemoglobin stability screen			X	
83069- Assay of urine hemoglobin			X	
83070- Assay of hemosiderin qual			X	
83080- Assay of b hexosaminidase			X	
83088- Assay of histamine			X	
83150- Assay of homovanillic acid			X	
83491- Assay of corticosteroids 17			X	
83497- Assay of 5-hiaa			X	
83498- Assay of progesterone 17-d			X	
83500- Assay free hydroxyproline			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
83505- Assay total hydroxyproline			X	
83516- Immunoassay nonantibody			X	
83518- Immunoassay dipstick			X	
83519- Ria nonantibody			X	
83520- Immunoassay quant nos nonab			X	
83521- Immunoglobulin light chains free each (Effective 01/01/2022)			X	
83525- Assay of insulin, total			X	
83527- Assay of insulin, free			X	
83528- Assay of intrinsic factor			X	
83529- Assay of interleukin-6 (IL-6) (Effective 01/01/2022)			X	
83540- Assay of iron		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.18 Serum Iron Studies		
83550- Iron binding test		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.18 Serum Iron Studies		
83570- Assay of idh enzyme			X	
83582- Assay of ketogenic steroids			X	
83586- Assay 17- ketosteroids			X	
83593- Fractionation ketosteroids			X	
83605- Assay of lactic acid			X	
83615- Lactate (ld) (ldh) enzyme			X	
83625- Assay of ldh enzymes			X	
83630- Lactoferrin fecal (qual)			X	
83631- Lactoferrin fecal (quant)			X	
83632- Placental lactogen			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
83633- Test urine for lactose			X	
83655- Assay of lead			X	
83661- L/s ratio fetal lung			X	
83662- Foam stability fetal lung			X	
83663- Fluoro polarize fetal lung			X	
83664- Lamellar bdy fetal lung			X	
83670- Assay of lap enzyme			X	
83690- Assay of lipase			X	
83700- Lipoprotein, blood; electrophoretic separation and quantitation		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.23A Lipids Testing Or refer to: Biomarkers in Cardiovascular Risk Assessment		
83701- Lipoprotein blood; high resolution fractionation and quantitation of lipoproteins		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.23A Lipids Testing Or refer to: Biomarkers in Cardiovascular Risk Assessment		
83704- Lipoprotein, blood; quantitation of lipoprotein particle number		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.23A Lipids Testing Or refer to: Biomarkers in Cardiovascular Risk Assessment		
83718- Lipoprotein, direct measurement; high density cholesterol		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.23B Lipids Testing		

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
83721- Lipoprotein, direct measurement; LDL cholesterol		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.23A Lipids Testing Or refer to: Biomarkers in Cardiovascular Risk Assessment		
83722- Lipoprtn dir meas sd ldl chl			X	
83727- Assay of lrh hormone			X	
83735- Assay of magnesium			X	
83775- Assay malate dehydrogenase			X	
83785- Assay of manganese			X	
83789- Mass spectrometry qual/quan			X	
83825- Assay of mercury			X	
83835- Assay of metanephrines			X	
83857- Assay of methemalbumin			X	
83861- Microfluid analy tears			X	
83864- Mucopolysaccharides			X	
83872- Assay synovial fluid mucin			X	
83873- Assay of csf protein			X	
83874- Assay of myoglobin			X	
83876- Assay myeloperoxidase			X	
83880- Assay of natriuretic peptide			X	
83883- Assay nephelometry not spec			X	
83885- Assay of nickel			X	
83915- Assay of nucleotidase			X	
83916- Oligoclonal bands			X	
83918- Organic acids total quant			X	
83919- Organic acids qual each			X	
83921- Organic acid single quant			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
83930- Assay of blood osmolality			X	
83935- Assay of urine osmolality			X	
83937- Assay of osteocalcin			X	
83945- Assay of oxalate			X	
83950- Oncoprotein her-2/neu			X	
83951- Oncoprotein dcp			X	
83970- Assay of parathormone			X	
83986- Assay ph body fluid nos			X	
83987- Exhaled breath condensate			X	
83992- Assay for Phencyclidine				Invalid
83993- Assay for calprotectin fecal			X	
84030- Assay of blood pku			X	
84035- Assay of phenylketones			X	
84060- Assay acid phosphatase			X	
84066- Assay prostate phosphatase			X	
84075- Assay alkaline phosphatase			X	
84078- Assay alkaline phosphatase			X	
84080- Assay alkaline phosphatases			X	
84081- Assay phosphatidylglycerol			X	
84085- Assay of rbc pg6d enzyme			X	
84087- Assay phosphohexose enzymes			X	
84100- Assay of phosphorus			X	
84105- Assay of urine phosphorus			X	
84106- Test for porphobilinogen			X	
84110- Assay of porphobilinogen			X	
84112- Eval amniotic fluid protein			X	
84119- Test urine for porphyrins			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
84120- Assay of urine porphyrins			X	
84126- Assay of feces porphyrins			X	
84132- Assay of serum potassium			X	
84133- Assay of urine potassium			X	
84134- Assay of prealbumin			X	
84135- Assay of pregnanediol			X	
84138- Assay of pregnanetriol			X	
84140- Assay of pregnenolone			X	
84143- Assay of 17-hydroxypregneno			X	
84144- Assay of progesterone			X	
84145- Procalcitonin (pct)			X	
84146- Assay of prolactin			X	
84150- Assay of prostaglandin			X	
84152- Assay of psa complexed			X	
84153- Assay of psa total		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.31 Prostate Specific Antigen		
84154- Assay of psa free			X	
84155- Assay of protein serum			X	
84156- Assay of protein urine			X	
84157- Assay of protein other			X	
84160- Assay of protein any source			X	
84163- Pappa serum			X	
84165- Protein e-phoresis serum			X	
84166- Protein e-phoresis/urine/csf			X	
84181- Western blot test			X	
84182- Protein western blot test			X	
84202- Assay rbc protoporphyrin			X	
84203- Test rbc protoporphyrin			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
84206- Assay of proinsulin			X	
84207- Assay of vitamin b-6			X	
84210- Assay of pyruvate			X	
84220- Assay of pyruvate kinase			X	
84228- Assay of quinine			X	
84233- Assay of estrogen			X	
84234- Assay of progesterone			X	
84235- Assay of endocrine hormone			X	
84238- Assay nonendocrine receptor			X	
84244- Assay of renin			X	
84252- Assay of vitamin b-2			X	
84255- Assay of selenium			X	
84260- Assay of serotonin			X	
84270- Assay of sex hormone globul			X	
84275- Assay of sialic acid			X	
84285- Assay of silica			X	
84295- Assay of serum sodium			X	
84300- Assay of urine sodium			X	
84302- Assay of urine sodium			X	
84305- Assay of somatomedin			X	
84307- Assay of somatostatin			X	
84311- Spectrophotometry			X	
84315- Body fluid specific gravity			X	
84375- Chromatogram assay sugars			X	
84376- Sugars single qual			X	
84377- Sugars multiple qual			X	
84378- Sugars single quant			X	
84379- Sugars multiple quant			X	
84392- Assay of urine sulfate			X	
84402- Assay of free testosterone			X	
84403- Assay of total testosterone			X	
84410- Testosterone bioavailable			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
84425- Assay of vitamin b-1			X	
84430- Assay of thiocyanate			X	
84431- Thromboxane urine			X	
84432- Assay of thyroglobulin			X	
84436- Assay of total thyroxine		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.22 Thyroid Testing		
84437- Assay of neonatal thyroxine			X	
84439- Assay of free thyroxine		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.22 Thyroid Testing		
84442- Assay of thyroid activity			X	
84443- Assay thyroid stim hormone		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.22 Thyroid Testing		
84445- Assay of tsi globulin			X	
84446- Assay of vitamin e			X	
84449- Assay of transcortin			X	
84450- Transferase (ast) (sgot)			X	
84460- Transferase; alanine amino (alt) (sgpt)			X	
84466- Transferrin		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.18 Serum Iron Studies		

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
84478- Assay of triglycerides		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.23B Lipids Testing		
84479- Assay of thyroid (t3 or t4)		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.22 Thyroid Testing		
84480- Assay triiodothyronine (t3)			X	
84481- Free assay (ft-3)			X	
84482- T3 reverse			X	
84484- Assay of troponin quant			X	
84485- Assay duodenal fluid trypsin			X	
84488- Test feces for trypsin			X	
84490- Assay of feces for trypsin			X	
84510- Assay of tyrosine			X	
84512- Assay of troponin qual			X	
84520- Assay of urea nitrogen			X	
84525- Urea nitrogen semi-quant			X	
84540- Assay of urine/urea-n			X	
84545- Urea-n clearance test			X	
84550- Assay of blood/uric acid			X	
84560- Assay of urine/uric acid			X	
84577- Assay of feces/urobilinogen			X	
84578- Test urine urobilinogen			X	
84580- Assay of urine urobilinogen, level			X	
84583- Assay of urine urobilinogen, measurement			X	
84585- Assay of urine vma			X	
84586- Assay of vip			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
84588- Assay of vasopressin			X	
84590- Assay of vitamin a			X	
84591- Assay of nos vitamin				Never Covered
84597- Assay of vitamin k			X	
84600- Assay of volatiles			X	
84620- Xylose tolerance test			X	
84630- Assay of zinc			X	
84681- Assay of c-peptide			X	
84702- Chorionic gonadotropin test		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.27 Human Chorionic Gonadotropin		
84703- Chorionic gonadotropin assay			X	
84704- Hcg free betachain test			X	
84830- Ovulation tests			X	
85002- Bleeding time test			X	
85004- Automated diff wbc count		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.15 Blood Counts		
85007- BI smear w/diff wbc count		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.15 Blood Counts		
85008- BI smear w/o diff wbc count		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.15 Blood Counts		
85009- Manual diff wbc count b-count			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
85013- Spun microhematocrit		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.15 Blood Counts		
85014- Hematocrit		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.15 Blood Counts		
85018- Hemoglobin		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.15 Blood Counts		
85025- Complete cbc w/auto diff wbc		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.15 Blood Counts		
85027- Complete cbc automated		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.15 Blood Counts		
85032- Manual cell count each		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.15 Blood Counts		
85041- Automated rbc count			X	
85044- Manual reticulocyte count			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
85045- Automated reticulocyte count			X	
85046- Reticyte/hgb concentrate			X	
85048- Automated leukocyte count		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.15 Blood Counts		
85049- Automated platelet count		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.15 Blood Counts		
85055- Reticulated platelet assay			X	
85060- Blood smear interpretation			X	
85097- Bone marrow interpretation			X	
85130- Chromogenic substrate assay			X	
85170- Blood clot retraction			X	
85175- Blood clot lysis time			X	
85210- Clot factor ii prothrom spec			X	
85220- Blood clot factor v test			X	
85230- Clot factor vii proconvertin			X	
85240- Clot factor viii ahg 1 stage			X	
85244- Clot factor viii reltd antgn			X	
85245- Clot factor viii vw ristoctn			X	
85246- Clot factor viii vw antigen			X	
85247- Clot factor viii multimeric			X	
85250- Clot factor ix ptc/chrstmas			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
85260- Clot factor x stuart-power			X	
85270- Clot factor xi pta			X	
85280- Clot factor xii hageman			X	
85290- Clot factor xiii fibrin stab			X	
85291- Clot factor xiii fibrin scrn			X	
85292- Clot factor fletcher fact			X	
85293- Clot factor wght kininogen			X	
85300- Antithrombin iii activity			X	
85301- Antithrombin iii antigen			X	
85302- Clot inhibit prot c antigen			X	
85303- Clot inhibit prot c activity			X	
85305- Clot inhibit prot s total			X	
85306- Clot inhibit prot s free			X	
85307- Assay activated protein c			X	
85335- Factor inhibitor test			X	
85337- Thrombomodulin			X	
85345- Coagulation time lee & white			X	
85347- Coagulation time activated			X	
85348- Coagulation time otr method			X	
85360- Euglobulin lysis			X	
85362- Fibrin degradation products			X	
85366- Fibrinogen test, paracoagulation			X	
85370- Fibrinogen test, quantitative			X	
85378- Fibrin degrade semiquant			X	
85379- Fibrin degradation quant			X	
85380- Fibrin degradj d-dimer			X	
85384- Fibrinogen activity			X	
85385- Fibrinogen antigen			X	
85390- Fibrinolysins screen i&r			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
85396- Coagulation/fibrinolysis assay, whole blood			X	
85397- Clotting funct activity			X	
85400- Fibrinolytic plasmin			X	
85410- Fibrinolytic antiplasmin			X	
85415- Plasminogen activator (fibrinolytic factor) measurement			X	
85420- Plasminogen (fibrinolytic factor) measurement			X	
85421- Plasminogen antigenic (factor inhibitor) measurement			X	
85441- Heinz bodies direct			X	
85445- Heinz bodies induced			X	
85460- Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)			X	
85461- Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; rosette			X	
85475- Hemolysin acid			X	
85520- Heparin assay			X	
85525- Heparin neutralization			X	
85530- Heparin-protamine tolerance			X	
85536- Iron stain peripheral blood			X	
85540- Wbc alkaline phosphatase			X	
85547- Rbc mechanical fragility			X	
85549- Muramidase			X	
85555- Rbc osmotic fragility, unincubated			X	
85557- Rbc osmotic fragility, incubated			X	
85576- Blood platelet aggregation			X	
85597- Phospholipid pltt neutraliz			X	
85598- Hexagnal phosph pltt neutr			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
85610- Coagulopathy testing		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.17 Prothrombin Time (PT)		
85611- Prothrombin test			X	
85612- Viper venom prothrombin time			X	
85613- Russell viper venom diluted			X	
85635- Reptilase test			X	
85651- Rbc sed rate nonautomated			X	
85652- Rbc sed rate automated			X	
85660- Rbc sickle cell test			X	
85670- Thrombin time plasma			X	
85675- Thrombin time titer			X	
85705- Thromboplastin inhibition			X	
85730- Thromboplastin time, partial (PTT); plasma or whole blood		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.16 Partial Thromboplastin Time (PTT)		
85732- Thromboplastin time, partial (PTT); substitution, plasma fractions, each			X	
85810- Blood viscosity examination			X	
86000- Agglutinins febrile antigen			X	
86001- Allergen specific ige			X	
86003- Allg spec ige crude xtrc ea			X	
86005- Allg spec ige multiallg scr			X	
86008- Allg spec ige recomb ea			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
86015- Actin smooth muscle antibody each (Effective 01/01/2022)			X	
86021- Wbc antibody identification			X	
86022- Platelet antibodies			X	
86023- Immunoglobulin assay			X	
86036- Antineutrophil cytoplasmic antb screen ea antb (Effective 01/01/2022)			X	
86037- Antineutrophil cytoplasmic antb titer ea antb (Effective 01/01/2022)			X	
86038- Antinuclear antibodies, screening			X	
86039- Antinuclear antibodies (ana), titer			X	
86051- Aquaporin-4 antibody elisa (Effective 01/01/2022)			X	
86052- Aquaporin-4 antibody cell-based imfluor assay ea (Effective 01/01/2022)			X	
86053- Aquaporin-4 antibody flow cytometry each (Effective 01/01/2022)			X	
86060- Antistreptolysin o titer			X	
86063- Antistreptolysin o screen			X	
86077- Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s)			X	
86078- Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease			X	
86079- Blood bank physician services; authorization for deviation from standard blood banking procedures			X	
86140- C-reactive protein			X	
86146- Beta-2 glycoprotein antibody			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
86147- Cardioliipin antibody ea ig			X	
86148- Anti-phospholipid antibody			X	
86152- Cell enumeration & id (Effective 12/08/2021)			X	
86153- Cell enumeration phys interp (Effective 12/08/2021)			X	
86155- Chemotaxis assay			X	
86156- Cold agglutinin screen			X	
86157- Cold agglutinin titer			X	
86160- Complement antigen			X	
86161- Complement/function activity			X	
86162- Complement total (ch50)			X	
86171- Complement fixation each			X	
86200- Ccp antibody			X	
86215- Deoxyribonuclease antibody			X	
86225- Dna antibody native			X	
86226- Dna antibody single strand			X	
86231- Endomysial antibody each immunoglobulin class (Effective 01/01/2022)			X	
86235- Nuclear antigen antibody			X	
86255- Fluorescent antibody screen			X	
86256- Fluorescent antibody titer			X	
86258- Gliadin antibody each immunoglobulin class (Effective 01/01/2022)			X	
86277- Growth hormone antibody			X	
86280- Hemagglutination inhibition			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
86300- Immunoassay tumor qual		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.29 Tumor Antigen by Immunoassay CA 15-3/CA 27.29		
86301- Immunoassay tumor ca 19-9		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.30 Tumor Antigen by Immunoassay CA 19-9		
86304- Immunoassay tumor ca 125		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.28 Tumor Antigen by Immunoassay CA 125		
86305- Human epididymis protein 4			X	
86308- Heterophile antibody screen			X	
86309- Heterophile antibody titer			X	
86310- Heterophile antibody absrbj			X	
86317- Immunoassay infectious agent			X	
86318- Ia infectious agent antibody			X	
86320- Serum immunoelectrophoresis			X	
86325- Other immunoelectrophoresis			X	
86327- Immunoelectrophoresis assay			X	
86328- Ia Nfct Ab Sarscov2 Covid19				

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
86329- Immunodiffusion nes			X	
86331- Immunodiffusion ouchterlony			X	
86332- Immune complex assay			X	
86334- Immunofix e-phoresis serum			X	
86335- Immunfix e-phorsis/urine/csf			X	
86336- Inhibin a			X	
86337- Insulin antibodies			X	
86340- Intrinsic factor antibody			X	
86341- Islet cell antibody			X	
86343- Leukocyte histamine release			X	
86344- Leukocyte phagocytosis			X	
86355- B cells total count			X	
86356- Mononuclear cell antigen			X	
86357- Nk cells total count			X	
86359- T cells total count			X	
86360- T cell absolute count/ratio			X	
86361- T cell absolute count			X	
86362- Mog-igg1 antibody cell-based imflor assay each (Effective 01/01/2022)			X	
86363- Mog-igg1 antibody flow cytometry each (Effective 01/01/2022)			X	
86364- Tissue transglutaminase ea immunoglobulin class (Effective 01/01/2022)			X	
86367- Stem cells total count			X	
86376- Microsomal antibody each			X	
86381- Mitochondrial antibody each (Effective 01/01/2022)			X	
86382- Neutralization test viral			X	
86384- Nitroblue tetrazolium dye			X	
86403- Particle agglut antbdy scrn			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
86406- Particle agglut antbdy titr			X	
86408- Neutrlzg Antb Sarscov2 Scr (Effective 08/10/2020)				
86409- Neutrlzg Antb Sarscov2 Titer (Effective 08/10/2020)				
86413- Sars-Cov-2 Antb Quantitative (Effective 09/08/2020)				
86430- Rheumatoid factor test qual			X	
86431- Rheumatoid factor quant			X	
86480- Tb test cell immun measure			X	
86481- Tb ag response t-cell susp			X	
86485- Skin test candida			X	
86486- Skin test nos antigen			X	
86490- Coccidioidomycosis skin test			X	
86510- Histoplasmosis skin test			X	
86580- Tb intradermal test			X	
86590- Streptokinase antibody			X	
86596- Voltage-gated calcium channel antibody each (Effective 01/01/2022)			X	
86602- Antinomyces antibody			X	
86603- Adenovirus antibody			X	
86606- Aspergillus antibody			X	
86609- Bacterium antibody			X	
86611- Bartonella antibody			X	
86612- Blastomyces antibody			X	
86615- Bordetella antibody			X	
86617- Lyme disease antibody, confirmatory			X	
86618- Lyme disease antibody, analysis			X	
86619- Borrelia antibody			X	
86622- Brucella antibody			X	
86625- Campylobacter antibody			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
86628- Candida antibody			X	
86635- Coccidioides antibody			X	
86638- Q fever antibody			X	
86641- Cryptococcus antibody			X	
86644- Cmv antibody			X	
86645- Cmv antibody igm			X	
86648- Diphtheria antibody			X	
86651- Encephalitis californ antibody			X	
86652- Encephalitis east eqne antibody			X	
86653- Encephalitis st louis antibody			X	
86654- Encephalitis west eqne antibody			X	
86658- Enterovirus antibody			X	
86663- Epstein-barr antibody			X	
86664- Epstein-barr nuclear antigen			X	
86665- Epstein-barr capsid vca			X	
86666- Ehrlichia antibody			X	
86668- Francisella tularensis			X	
86671- Fungus nes antibody			X	
86674- Giardia lamblia antibody			X	
86677- Helicobacter pylori antibody			X	
86682- Helminth antibody			X	
86684- Hemophilus influenza antibody			X	
86687- Htlv-i antibody			X	
86688- Htlv-ii antibody			X	
86689- Htlv/hiv confirmj antibody		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.14 HIV Testing, Diagnostic		
86692- Hepatitis delta agent antibody			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
86694- Herpes simplex nes antbdy			X	
86695- Herpes simplex type 1 test			X	
86696- Herpes simplex type 2 test			X	
86698- Histoplasma antibody			X	
86701- Hiv-1antibody		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.14 HIV Testing, Diagnostic		
86702- Hiv-2 antibody		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.14 HIV Testing, Diagnostic		
86703- Hiv-1/hiv-2 1 result antbdy		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.14 HIV Testing, Diagnostic		
86705- Hep b core antibody igm			X	
86707- Hepatitis be antibody			X	
86708- Hepatitis a antibody			X	
86709- Hepatitis a igm antibody			X	
86710- Influenza virus antibody			X	
86711- John cunningham antibody			X	
86713- Legionella antibody			X	
86717- Leishmania antibody			X	
86720- Leptospira antibody			X	
86723- Listeria monocytogenes			X	
86727- Lymph choriomeningitis ab			X	
86732- Mucormycosis antibody			X	
86735- Mumps antibody			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
86738- Mycoplasma antibody			X	
86741- Neisseria meningitidis			X	
86744- Nocardia antibody			X	
86747- Parvovirus antibody			X	
86750- Malaria antibody			X	
86753- Protozoa antibody nos			X	
86756- Respiratory virus antibody			X	
86757- Rickettsia antibody			X	
86759- Rotavirus antibody			X	
86762- Rubella antibody			X	
86765- Rubeola antibody			X	
86768- Salmonella antibody			X	
86769- Sars-Cov-2 Covid-19 Antibody				
86771- Shigella antibody			X	
86774- Tetanus antibody			X	
86777- Toxoplasma antibody			X	
86778- Toxoplasma antibody igm			X	
86784- Trichinella antibody			X	
86787- Varicella-zoster antibody			X	
86788- West nile virus ab igm			X	
86789- West nile virus antibody			X	
86790- Virus antibody nos			X	
86793- Yersinia antibody			X	
86794- Zika virus igm antibody			X	
86800- Thyroglobulin antibody			X	
86803- Hepatitis c ab test			X	
86804- Hep c ab test confirm			X	
86805- Lymphocytotoxicity assay, with titration			X	
86806- Lymphocytotoxicity assay, without titration			X	
86807- Cytotoxic antibody screening, standard method			X	
86808- Cytotoxic antibody screening, quick method			X	
86828- Hla class i&ii antibody qual			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
86829- Hla class i or ii antibody qual			X	
86830- Hla class i phenotype qual			X	
86831- Hla class ii phenotype qual			X	
86832- Hla class i high defin qual			X	
86833- Hla class ii high defin qual			X	
86834- Hla class i semiquant panel			X	
86835- Hla class ii semiquant panel			X	
86850- Rbc antibody screen			X	
86860- Rbc antibody elution			X	
86870- Rbc antibody identification			X	
86880- Coombs test direct			X	
86885- Coombs test indirect qual			X	
86886- Coombs test indirect titer			X	
86900- Blood typing serologic abo			X	
86901- Blood typing serologic rh(d)			X	
86902- Blood type antigen donor ea			X	
86904- Blood typing patient serum			X	
86905- Blood typing rbc antigens			X	
86906- Bld typing serologic rh phnt			X	
86910- Blood typing paternity test				Never Covered
86911- Blood typing antigen system				Never Covered
86920- Compatibility test spin			X	
86921- Compatibility test incubate			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
86922- Compatibility test antiglob			X	
86923- Compatibility test electric			X	
86927- Plasma fresh frozen			X	
86930- Frozen blood prep			X	
86931- Frozen blood thaw			X	
86932- Frozen blood freeze/thaw			X	
86940- Hemolysins/agglutinins auto			X	
86941- Hemolysins/agglutinins			X	
86945- Blood product/irradiation			X	
86950- Leukocyte transfusion			X	
86960- Vol reduction of blood/prod			X	
86965- Pooling blood platelets			X	
86970- Rbc pretx incubatj w/chemicl			X	
86971- Rbc pretx incubatj w/density			X	
86972- Rbc pretx incubatj w/density			X	
86975- Rbc serum pretx incubj drugs			X	
86976- Rbc serum pretx id dilution			X	
86977- Rbc serum pretx incubj/inhib			X	
86978- Rbc pretreatment serum			X	
86999- Unlisted transfusion procedure			X	
87003- Small animal inoculation			X	
87015- Specimen infect agnt concntj			X	
87040- Blood culture for bacteria			X	
87045- Feces culture aerobic bact			X	
87046- Stool cultr aerobic bact ea			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
87070- Culture othr specimn aerobic			X	
87071- Culture aerobic quant other			X	
87073- Culture bacteria anaerobic			X	
87075- Cultr bacteria except blood			X	
87076- Culture anaerobe ident each			X	
87077- Culture aerobic identify			X	
87081- Culture screen only			X	
87084- Culture of specimen by kit			X	
87086- Urine culture/colony count		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.12 Urine Culture, Bacterial		
87088- Urine bacteria culture		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.12 Urine Culture, Bacterial		
87101- Skin fungi culture			X	
87102- Fungus isolation culture			X	
87103- Blood fungus culture			X	
87106- Fungi identification yeast			X	
87107- Fungi identification mold			X	
87109- Mycoplasma			X	
87116- Mycobacteria culture			X	
87118- Mycobacteric identification			X	
87140- Culture type immunofluoresc			X	
87143- Culture typing glc/hplc			X	
87147- Culture type immunologic			X	
87149- Dna/rna direct probe			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
87150- Dna/rna amplified probe			X	
87152- Culture type pulse field gel			X	
87153- Dna/rna sequencing			X	
87158- Culture typing added method			X	
87164- Dark field examination, with collection			X	
87166- Dark field examination, without collection			X	
87168- Macroscopic exam arthropod			X	
87169- Macroscopic exam parasite			X	
87172- Pinworm exam			X	
87176- Tissue homogenization cultr			X	
87177- Ova and parasites smears			X	
87181- Microbe susceptible diffuse			X	
87184- Microbe susceptible disk			X	
87185- Microbe susceptible enzyme			X	
87186- Microbe susceptible mic			X	
87187- Microbe susceptible mlc			X	
87188- Microbe suscept macrobroth			X	
87190- Microbe suscept mycobacteri			X	
87197- Bactericidal level serum			X	
87205- Smear gram stain			X	
87206- Smear fluorescent/acid stain			X	
87207- Smear special stain			X	
87209- Smear complex stain			X	
87210- Smear wet mount saline/ink			X	
87220- Tissue exam for fungi			X	
87230- Assay toxin or antitoxin			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
87250- Virus inoculate eggs/animal			X	
87252- Virus inoculation tissue			X	
87253- Virus inoculate tissue addl			X	
87254- Virus inoculation shell via			X	
87255- Genet virus isolate hsv			X	
87260- Adenovirus ag if			X	
87265- Pertussis ag if			X	
87267- Enterovirus antibody dfa			X	
87269- Giardia ag if			X	
87271- Cytomegalovirus dfa			X	
87272- Cryptosporidium ag if			X	
87273- Herpes simplex 2 ag if			X	
87274- Herpes simplex 1 ag if			X	
87275- Influenza b ag if			X	
87276- Influenza a ag if			X	
87278- Legion pneumophila ag if			X	
87279- Parainfluenza ag if			X	
87280- Respiratory syncytial ag if			X	
87281- Pneumocystis carinii ag if			X	
87283- Rubeola ag if			X	
87285- Treponema pallidum ag if			X	
87290- Varicella zoster ag if			X	
87299- Antibody detection nos if			X	
87300- Ag detection polyval if			X	
87301- Adenovirus ag ia			X	
87305- Aspergillus ag ia			X	
87324- Clostridium ag ia			X	
87327- Cryptococcus neoform ag ia			X	
87328- Cryptosporidium ag ia			X	
87329- Giardia ag ia			X	
87332- Cytomegalovirus ag ia			X	
87335- E coli 0157 ag ia			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
87336- Entamoeb hist dispr ag ia			X	
87337- Entamoeb hist group ag ia			X	
87338- Hpylori stool ag ia			X	
87339- H pylori ag ia			X	
87350- Hepatitis be ag ia			X	
87380- Hepatitis delta agent ag ia			X	
87385- Histoplasma capsul ag ia			X	
87389- Hiv-1 ag w/hiv-1&2 ab ag ia			X	
87390- Hiv-1 ag ia		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.14 HIV Testing, Diagnostic		
87391- Hiv-2 ag ia		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.14 HIV Testing, Diagnostic		
87400- Influenza a/b each ag ia			X	
87420- Resp syncytial virus ag ia			X	
87425- Rotavirus ag ia			X	
87426- Sarscov coronavirus ag ia (Effective 06/25/2020)				
87427- Shiga-like toxin ag ia			X	
87428- Sarscov & inf vir a&b ag ia (Effective 11/10/2020)				
87430- Strep a ag ia			X	
87449- Nos each organism ag ia			X	
87450- Infectious agent antigen detection by immunoassay technique (Deleted 10/05/2020)				

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
87451- Polyvalent mult org ea ag ia			X	
87471- Bartonella dna amp probe			X	
87472- Bartonella dna quant			X	
87475- Lyme dis dna dir probe			X	
87476- Lyme dis dna amp probe			X	
87481- Candida dna amp probe			X	
87482- Candida dna quant			X	
87485- Chylmd pneum dna dir probe			X	
87486- Chylmd pneum dna amp probe			X	
87487- Chylmd pneum dna quant			X	
87492- Chylmd trach dna quant			X	
87493- C diff amplified probe			X	
87495- Cytomeg dna dir probe			X	
87496- Cytomeg dna amp probe			X	
87497- Cytomeg dna quant			X	
87498- Enterovirus probe&rvrs trns			X	
87500- Vanomycin dna amp probe			X	
87511- Gardner vag dna amp probe			X	
87512- Gardner vag dna quant			X	
87516- Hepatitis b dna amp probe			X	
87517- Hepatitis b dna quant			X	
87520- Hepatitis c rna dir probe			X	
87521- Hepatitis c probe&rvrs trnsc			X	
87522- Hepatitis c revrs trnscrpj			X	
87525- Hepatitis g dna dir probe			X	
87526- Hepatitis g dna amp probe			X	
87527- Hepatitis g dna quant			X	
87528- Hsv dna dir probe			X	
87529- Hsv dna amp probe			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
87530- Hsv dna quant			X	
87531- Hhv-6 dna dir probe			X	
87532- Hhv-6 dna amp probe			X	
87533- Hhv-6 dna quant			X	
87534- Hiv-1 dna dir probe		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.14 HIV Testing, Diagnostic		
87535- Hiv-1 probe&reverse trnscrpj		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.14 HIV Testing, Diagnostic		
87536- Detection Infectious Agent, HIV-1		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.13 HIV Testing, Monitoring		
87537- Hiv-2 dna dir probe		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.14 HIV Testing, Diagnostic		
87538- Hiv-2 probe&revrse trnscripj		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.14 HIV Testing, Diagnostic		
87539- Detection Infectious Agent, HIV-2		See CMS: Clinical Diagnostic Laboratory Services, Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report; NCD 190.13 HIV Testing, Monitoring		

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
87540- Legion pneumo dna dir prob			X	
87541- Legion pneumo dna amp prob			X	
87542- Legion pneumo dna quant			X	
87550- Mycobacteria dna dir probe			X	
87551- Mycobacteria dna amp probe			X	
87552- Mycobacteria dna quant			X	
87555- M.tuberculo dna dir probe			X	
87556- M.tuberculo dna amp probe			X	
87557- M.tuberculo dna quant			X	
87560- M.avium-intra dna dir prob			X	
87561- M.avium-intra dna amp prob			X	
87562- M.avium-intra dna quant			X	
87563- M. genitalium amp probe			X	
87580- M.pneumon dna dir probe			X	
87581- M.pneumon dna amp probe			X	
87582- M.pneumon dna quant			X	
87592- N.gonorrhoeae dna quant			X	
87634- Rsv dna/rna amp probe			X	
87635- Sars-cov-2 covid-19 amp prb				
87640- Staph a dna amp probe			X	
87650- Strep a dna dir probe			X	
87651- Strep a dna amp probe			X	
87652- Strep a dna quant			X	
87653- Strep b dna amp probe			X	
87797- Detect agent nos dna dir			X	
87799- Detect agent nos dna quant			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
87802- Strep b assay w/optic			X	
87803- Clostridium toxin a w/optic			X	
87804- Influenza assay w/optic			X	
87806- Hiv w/hiv1&2 antb w/optic			X	
87807- Rsv assay w/optic			X	
87808- Trichomonas assay w/optic			X	
87809- Adenovirus assay w/optic			X	
87811- Sars-cov-2 covid19 w/optic (Effective 10/06/2020)				
87880- Strep a assay w/optic			X	
87899- Agent nos assay w/optic			X	
87900- Phenotype infect agent drug			X	
87901- Genotype dna hiv reverse t			X	
87902- Genotype dna/rna hep c			X	
87903- Phenotype dna hiv w/culture			X	
87904- Phenotype dna hiv w/clt add			X	
87905- Infectious agent enzymatic activity			X	
87906- Genotype dna/rna hiv			X	
87910- Genotype cytomegalovirus			X	
87912- Genotype dna hepatitis b			X	
88000- Necropsy (autopsy), gross examination only; without CNS				Never Covered
88005- Necropsy (autopsy), gross examination only; with brain				Never Covered
88007- Necropsy (autopsy), gross examination only; with brain and spinal cord				Never Covered

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
88012- Necropsy (autopsy), gross examination only; infant with brain				Never Covered
88014- Necropsy (autopsy), gross examination only; stillborn or newborn with brain				Never Covered
88016- Necropsy (autopsy), gross examination only; macerated stillborn				Never Covered
88020- Necropsy (autopsy), gross and microscopic; without CNS				Never Covered
88025- Necropsy (autopsy), gross and microscopic; with brain				Never Covered
88027- Necropsy (autopsy), gross and microscopic; with brain and spinal cord				Never Covered
88028- Necropsy (autopsy), gross and microscopic; infant with brain				Never Covered
88029- Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain				Never Covered
88036- Necropsy (autopsy), limited, gross and/or microscopic; regional				Never Covered
88037- Necropsy (autopsy), limited, gross and/or microscopic; single organ				Never Covered
88040- Necropsy (autopsy); forensic examination				Never Covered
88045- Necropsy (autopsy); coroner's call				Never Covered
88099- Unlisted necropsy (autopsy) procedure				Never Covered
88104- Cytopath fl nongyn smears			X	
88106- Cytopath fl nongyn filter			X	
88108- Cytopath concentrate tech			X	
88112- Cytopath cell enhance tech			X	
88125- Forensic cytopathology			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
88130- Sex chromatin identification; Barr bodies			X	
88140- Sex chromatin identification; peripheral blood smear			X	
88141- Cytopath c/v interpret				Special Considerations
88142- Cytopath c/v thin layer				Special Considerations
88143- Cytopath c/v thin layer redo				Special Considerations
88147- Cytopath c/v automated				Special Considerations
88148- Cytopath c/v auto rescreen				Special Considerations
88150- Cytopath c/v manual				Special Considerations
88152- Cytopath c/v auto redo				Special Considerations
88153- Cytopath c/v redo				Special Considerations
88155- Cytopath c/v index add-on				Special Considerations
88160- Cytopath smear other source; screening and interpretation			X	
88161- Cytopath smear other source; preparation; screening and interpretation			X	
88162- Cytopath smear other source; extended study			X	
88164- Cytopath tbs c/v manual				Special Considerations
88165- Cytopath tbs c/v redo				Special Considerations
88166- Cytopath tbs c/v auto redo				Special Considerations
88167- Cytopath tbs c/v select				Special Considerations
88172- Cytp dx eval fna 1st ea site			X	
88173- Cytopath eval fna report			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
88174- Cytopath c/v auto in fluid				Special Considerations
88175- Cytopath c/v auto fluid redo				Special Considerations
88177- Cytp fna eval ea addl			X	
88182- Cell marker study			X	
88184- Flowcytometry/ tc 1 marker			X	
88185- Flowcytometry/tc add-on			X	
88187- Flowcytometry/read 2-8			X	
88188- Flowcytometry/read 9-15			X	
88189- Flowcytometry/read 16 & >			X	
88199- Unlisted cytopathology procedure			X	
88299- Unlisted cytogenetic study			X	
88300- Surgical path gross, Level I				No Restrictions
88302- Surgical path gross, Level II				No Restrictions
88304- Surgical path gross, Level III				No Restrictions
88305- Surgical path gross, Level IV				No Restrictions
88307- Surgical path gross, Level V				No Restrictions
88309- Surgical path gross, Level VI				No Restrictions
88311- Decalcify tissue			X	
88312- Special stains group 1			X	
88313- Special stains group 2			X	
88314- Histochemical stains add-on			X	
88319- Enzyme histochemistry			X	
88321- Microslide consultation, prepared elsewhere			X	
88323- Microslide consultation, requiring preparation of slides			X	
88325- Comprehensive review of data			X	
88329- Path consult introp			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
88331- Path consult intraop 1 bloc			X	
88332- Path consult intraop addl			X	
88333- Intraop cyto path consult 1			X	
88334- Intraop cyto path consult 2			X	
88344- Immunohisto antibody slide			X	
88346- Immunofluor antb 1st stain			X	
88348- Electron microscopy			X	
88350- Immunofluor antb addl stain			X	
88355- Analysis skeletal muscle			X	
88356- Analysis nerve			X	
88358- Analysis tumor			X	
88360- Tumor immunohistochem/manual			X	
88361- Tumor immunohistochem/comput			X	
88362- Nerve teasing preparations			X	
88363- Xm archive tissue molec anal			X	
88364- In situ hybridization (e.g., FISH); each additional single			X	
88365- situ hybridization (egg, FISH); initial single			X	
88366- In situ hybridization (e.g., FISH); each multiplex			X	
88367- Insitu hybridization auto			X	
88368- Insitu hybridization manual			X	
88369- M/phmtrc alyshishquant/semiq			X	
88371- Protein western blot tissue			X	
88372- Protein analysis w/probe			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
88373- Morphometric analysis, in situ hybridization using computer-assisted technology; each additional single			X	
88374- Morphometric analysis, in situ hybridization using computer-assisted technology; each multiplex			X	
88375- Optical endomicroscopy interp			X	
88377- Morphometric analysis, in situ hybridization using computer-assisted technology; each multiplex			X	
88380- Microdissection laser			X	
88381- Microdissection manual			X	
88387- Tissue exam molecular study			X	
88388- Tissue exam molecular study add-on			X	
88399- Unlisted surgical pathology procedure			X	
88720- Bilirubin total transcut			X	
88738- Hgb quant transcutaneous			X	
88740- Transcutaneous carboxyhb			X	
88741- Transcutaneous methb			X	
88749- Transcutaneous methb			X	
89049- Chct for mal hyperthermia			X	
89050- Body fluid cell count			X	
89051- Body fluid cell count; with differential count			X	
89055- Leukocyte assessment fecal			X	
89060- Exam synovial fluid crystals			X	
89125- Specimen fat stain			X	
89160- Exam feces for meat fibers			X	
89190- Nasal smear for eosinophils			X	

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89220- Sputum specimen collection			X	
89250- Cultr oocyte/embryo <4 days			X	
89251- Cultr oocyte/embryo <4 days, w/ co-culture			X	
89253- Embryo hatching			X	
89254- Oocyte identification			X	
89255-Prepare embryo for transfer			X	
89257- Sperm identification			X	
89258- Cryopreservation embryo(s)			X	
89259- Cryopreservation sperm			X	
89260- Sperm isolation simple			X	
89261- Sperm isolation complex			X	
89264- Identify sperm tissue			X	
89268- Insemination of oocytes			X	
89272- Extended culture of oocytes			X	
89280- Assist oocyte fertilization			X	
89281- Assist oocyte fertilization			X	
89290- Biopsy oocyte polar body			X	
89291- Biopsy oocyte polar body			X	
89300- Semen analysis w/huhner			X	
89310- Semen analysis w/count			X	
89320- Semen anal vol/count/mot			X	
89321- Semen anal sperm detection			X	
89322- Semen anal strict criteria			X	
89325- Sperm antibody test			X	
89329- Sperm evaluation test			X	
89330- Evaluation cervical mucus			X	
89331- Retrograde ejaculation anal			X	

CPT/HCPCS Code	Medicare Covered Preventive/Screening	Lab NCD/MAPG (Payment Criteria Must Be Met)	Not Covered When Submitted with Screening Diagnosis	Comments
89335- Cryopreserve testicular tiss			X	
89337- Cryopreservation, mature oocyte(s)			X	
89342- Storage/year embryo(s)			X	
89343- Storage/year sperm/semen			X	
89344- Storage/year reprod tissue			X	
89346- Storage/year oocyte(s)			X	
89352- Thawing cryopresrved embryo			X	
89353- Thawing cryopresrved sperm			X	
89354- Thaw cryoprsvrd reprod tiss			X	
89356- Thawing cryopresrved oocyte			X	
G0306- Cbc/diff wbc w/o platelet			X	
G0307- Cbc without platelet			X	
P9050- Granulocytes, pheresis unit			X	
U0001- 2019-nCoV diagnostic P				
U0002- Covid-19 lab test non-cdc				
U0003- Cov-19 amp prb hgh thrupt				
U0004- 2019- Cov-19 test non-cdc hgh thru				
U0005- Infec agen detec ampli probe				

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