

Obsolete or Unreliable Diagnostic Tests (NCD 300.1)

Guideline Number: MPG220.06
Approval Date: January 13, 2021

[↪ Terms and Conditions](#)

Table of Contents	Page
Policy Summary	1
Applicable Codes	2
References	2
Guideline History/Revision Information	3
Purpose	3
Terms and Conditions	3

<p>Related Medicare Advantage Coverage Summary</p> <ul style="list-style-type: none"> Laboratory Tests and Services
--

Policy Summary

[↪ See Purpose](#)

Overview

The following diagnostic tests may not be covered because they are obsolete and have been replaced by more advanced procedures. The listed tests may be paid for only if the medical need for the procedure is satisfactorily justified by the physician who performs it. When the services are subject to the Quality Improvement Organization (QIO) Review, the QIO is responsible for determining that satisfactory medical justification exists. When the services are not subject to QIO review, UnitedHealthcare is responsible for determining that satisfactory medical justification exists.

Guidelines

Diagnostic Tests

- Amylase, blood isoenzymes, electrophoretic
- Bendien's test for cancer and tuberculosis
- Bolen's test for cancer
- Chromium, blood
- Guanase, blood
- Circulation time, one test
- Cephalin flocculation
- Congo red, blood
- Hormones, adrenocorticotropin quantitative animal tests
- Hormones, adrenocorticotropin quantitative bioassay
- Thymol turbidity, blood
- Skin test, cat scratch fever
- Skin test, lymphopathia venereum
- Skin test, actinomycosis
- Skin test, brucellosis
- Skin test, psittacosis
- Skin test, trichinosis
- Calcium, feces, 24 - hour quantitative
- Starch, feces, screening
- Chymotrypsin, duodenal contents

- Gastric analysis, pepsin
- Gastric analysis, tubeless
- Calcium saturation clotting time
- Capillary fragility test (Rumpel - Leede)
- Colloidal gold
- Rehfuss test for gastric acidity
- Serum seromucoid assay for cancer and other diseases
- Zinc sulphate turbidity, blood

Cardiovascular Tests

The following phonocardiography and vectorcardiography diagnostic tests may not be covered because they have been determined to be outmoded and of little clinical value.

- Phonocardiogram with or without ECG lead; with supervision during recording with interpretation and report (when equipment is supplied by the physician)
- Phonocardiogram; tracing only, without interpretation and report (e.g., when equipment is supplied by the hospital, clinic)
- Phonocardiogram; interpretation and report
- Phonocardiogram with ECG lead, with indirect carotid artery and/or jugular vein tracing, and/or apex cardiogram; with interpretation and report
- Phonocardiogram; without interpretation and report
- Phonocardiogram; interpretation and report only
- Intracardiac
- Vectorcardiogram (VCG), with or without ECG; with interpretation and report
- Vectorcardiogram; tracing only, without interpretation and report
- Vectorcardiogram; interpretation and report only

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline 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 Code	Description
82495	Chromium
84999	Unlisted chemistry procedure
86486	Skin test, unlisted antigen, each
86849	Unlisted immunology procedure

CPT® is a registered trademark of the American Medical Association

HCPCS Code	Description
P2028	Cephalin flocculation, blood
P2029	Congo red, blood
P2033	Thymol turbidity, blood
P2038	Mucoprotein, blood (seromucoid) (medical necessity procedure)

References

CMS National Coverage Determinations (NCDs)

[NCD 300.1 Obsolete or Unreliable Diagnostic Tests](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L35074 Heavy Metal Testing	A56767 Billing and Coding: Heavy Metal Testing	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI

CMS Benefit Policy Manual

[Chapter 15: § 80 Requirements for Diagnostic X - Ray, Diagnostic Laboratory, and Other Diagnostic Tests](#)

CMS Claims Processing Manual

[Chapter 16: § 40.7 Billing for Non - covered Clinical Laboratory Tests](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
01/13/2021	Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current information; no change to guidelinesArchived previous policy version MPG220.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

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 member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).