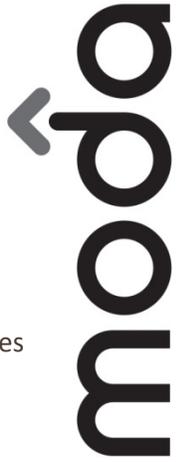


FAQ re: Medicare Advantage LCD/NCD edits



Medicare Advantage Claims – As a reminder, CMS documents a wealth of very specific coding and coverage requirements in National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs, e.g. Noridian LCDs), transmittals, MLN articles, and other sources. Remember that if CMS requires that a certain procedure code, value code, provider specialty, condition codes, bill type, etc. be used, these requirements need to be followed, as they apply to Medicare Advantage claims as well.

Here are some examples of common claims affected by these edits during our recent testing:

Q: Why am I getting denials of CPT code 85025?

A: Claims for CPT code 85025 will deny for not meeting medical necessity criteria when not billed with approved diagnosis code from [NCD 190.15](#) Blood Counts.

For a helpful reference listing approved codes for this and other NCDs, select Lab Code List here: [Lab NCDs-ICD10](#) spreadsheet.

Q: Why am I getting denials of CPT code 83036?

A: Claims for glycated hemoglobin/glycated protein testing using CPT 83036 will deny for not meeting medical necessity criteria when not billed with the approved diagnosis code from [NCD 190.21](#) Glycated Hemoglobin/Glycated Protein.

For a helpful reference listing approved codes for this and other NCDs, select Lab code List located here: [Lab NCDs-ICD10](#) spreadsheet.

Q: Why am I getting denials of CPT code 84443?

A: Claims for thyroid testing using CPT 84443 will deny for not meeting medical necessity when not billed with approved diagnosis code from [NCD 190.22](#) Thyroid Testing.

For a helpful reference listing approved codes for this and other NCDs, see the [Lab NCDs – ICD10](#) spreadsheet.

Q: Why am I getting denials of CPT code 80061?

A: Claims for lipid testing using 80061 will deny for not meeting medical necessity when not billed with approved diagnosis code from [NCD 190.23](#)

For a helpful reference listing of approved codes for this and other NCDs, see [Lab NCDs – ICD10](#) spreadsheet.

Q: Why am I getting denials of CPT code 82306?

A: Claims for Vitamin D Assay Testing using CPT 82306 will deny when not billed with approved Type of Bill found in [LCD 34051](#).

Claims for Vitamin D Assay Testing using CPT 82306 will also deny for not meeting medical necessity criteria when not billed with approved ICD10 codes found in [LCD 34051](#).

Q: I am getting denials of some other procedure codes that are not lab tests. Where else can I look for answers on why a service denied?

A: Services which are set out by CMS as non-covered services will be denied. Remember to review the information found in [LCD L35008](#) Non-Covered Services.

Q: Why am I getting denials of HCPCS codes J3490 and/or C9399?

A: Claims billed with CPT code J3490 or C9399 will deny if the claim doesn't meet the criteria in either of the two LCD's noted here:

- [LCD L36569](#) Treatment of Males with Low Testosterone
 - Drugs for treatment of low testosterone billed with CPT code J3490 will deny when another more specific procedure code is available and listed in the policy for reporting that drug.
 - J3490 will also deny for not meeting medical necessity if the diagnosis is not listed on the approved ICD10 diagnosis is list found in LCD L36569.
- [LCD L36889](#) Cardiovascular Stress Testing, Including Exercise and/or Pharmacological Stress and Stress Echocardiography
 - IV drugs to induce stress billed with J3490 will be denied if the diagnosis is not listed on the approved ICD10 diagnosis is list found in LCD L36899.

Q: Why am I getting denials of CPT code 83735?

A: Claims billed with CPT code 83735 will deny when billing for serum magnesium testing when the Bill Type is not listed and/or ICD10 code doesn't support medical necessity. Both of these indicators can be found in [LCD L36700](#).