

**NOVITAS UPDATES FREQUENCY OF LAB TESTING MEDICAL NECESSITY (LCD 35099)**



CMS Contractor Novitas has revised and updated the LCD for the frequency of certain lab tests establishing medical necessity. There are some exceptions based on diagnosis and patient treatment which may override these edits. The updated tests include the CPT® below for lipid testing, glucose testing, and thyroid testing.

**CODE DESCRIPTION**

- 80061 Lipid panel
- 82465 Assay bld/serum cholesterol
- 82948 Reagent strip/blood glucose
- 82962 Glucose blood test
- 82985 Assay of glycated protein
- 83036 Glycosylated hemoglobin test
- 83718 Assay of lipoprotein
- 83721 Assay of blood lipoprotein
- 84436 Assay of total thyroxine
- 84439 Assay of free thyroxine
- 84443 Assay thyroid stim hormone
- 84478 Assay of triglycerides
- 84479 Assay of thyroid (t3 or t4)

- **Limitation are per-patient, per-billing provider**
- **LCD Effective Date: 03/28/2019**
- **It is the provider's responsibility to select diagnosis codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.**
- **Medical records may need to be submitted to support the reason why the frequency was exceeded.**

*The limitations/exceptions include: (From LCA: Frequency of Lab Tests (L35099))*

Type of Lab Test (CPT Code)	LCD Frequency Limit (Per Beneficiary Per Provider)	Acceptable Reasons for Exceeding the LCD Maximum
Lipids	No more than every two months for any test (e.g., triglycerides, LDL cholesterol), whether in a panel or separately ordered	Inability to stabilize lipid-lowering drug dosing Adverse reaction to lipid-lowering drug Pancreatitis Monitoring of acitretin (i.e., Soriatane) therapy
Thyroid testing	Four times a year for most patients, except for selected endocrine presentations	Inability to stabilize thyroid medication dosing Thyrotoxicosis Concurrent endocrinopathies Hypothyroidism
Glycated hemoglobin / glycolated protein	Once per month as discussed in NCD 190.21	No diagnoses are to exceed this frequency but unusual circumstances can be reviewed in the appeals process.
Glucose testing	Once per month	Type I or Type II Diabetes with hyperglycemia/complications

Local Coverage Article: Frequency of Laboratory Tests (L35099)

[https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=56420&ver=9&name=331\\*1&UpdatePeriod=826&bc=AAAAEAAAAAAAA&](https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=56420&ver=9&name=331*1&UpdatePeriod=826&bc=AAAAEAAAAAAAA&)

Local Coverage Determination (LCD): Frequency of Laboratory Tests (L35099)

[https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35099&ver=56&articleId=56420&name=331\\*1&UpdatePeriod=826&bc=AAAAEAAAgAAA&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35099&ver=56&articleId=56420&name=331*1&UpdatePeriod=826&bc=AAAAEAAAgAAA&)

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