

**NOTE: This policy is not effective until March 1, 2025.**

## Screening Laboratory Testing

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Next Review: 10/2025

Last Review: 10/2024

Medicare Link(s) Revised: 12/01/2024

### IMPORTANT REMINDER

*The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member, including care that may be both medically reasonable and necessary.*

*The Medicare Advantage medical policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.*

*Some services or items may appear to be medically indicated for an individual, but may be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). In some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.*

## DESCRIPTION

With few exceptions, Medicare does not cover screening tests in the absence of signs or symptoms of a disorder, and such testing is considered not medically necessary according to Title XVIII of the Social Security Act, Section 1862(a)(1)(A), which states “no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis and treatment of illness or injury.”<sup>[1]</sup> The exceptions to this are outlined in the Medicare Preventive Services benefit,<sup>[2]</sup> which outlines coverage only for specified services, such as lipid panel testing for cardiovascular disease and glucose testing for diabetes (see also [Medicare Preventive Services](#) for more information).

## MEDICARE ADVANTAGE POLICY CRITERIA

The following laboratory tests are non-covered by Medicare when performed as screening tests, and are therefore considered **not medically necessary** for asymptomatic individuals, according to the in Title XVIII of the Social Security Act (SSA) [§1862 \(a\)\(1\)\(A\)](#):

CPT	Description
82310	Calcium; total
82330	Calcium; ionized
82340	Calcium; urine quantitative, timed specimen
82670	Estradiol; total
82681	Estradiol; free, direct measurement (eg, equilibrium dialysis)
82728	Ferritin
82977	Glutamyltransferase, gamma (GGT)
83540	Iron
83550	Iron binding capacity
83735	Magnesium
83970	Parathormone (parathyroid hormone)
83993	Calprotectin, fecal
84100	Phosphorus inorganic (phosphate);
84105	Phosphorus inorganic (phosphate); urine
84402	Testosterone; free
84403	Testosterone; total
84410	Testosterone; bioavailable, direct measurement (eg, differential precipitation)
84443	Thyroid stimulating hormone (TSH)
84466	Transferrin
85651	Sedimentation rate, erythrocyte; non-automated
85652	Sedimentation rate, erythrocyte; automated
86038	Antinuclear antibodies (ANA);
86039	Antinuclear antibodies (ANA); titer
86140	C-reactive protein
86225	Deoxyribonucleic acid (DNA) antibody; native or double stranded

86235 Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody

## CROSS REFERENCES

[Measurement of Salivary Hormones](#), Laboratory, Policy No. M-36

[Vitamin D Testing](#), Laboratory, Policy No. M-52

[Investigational \(Experimental\) Services, New and Emerging Medical Technologies and Procedures, and Other Non-Covered Services](#), Medicine, Policy No. M-149

## REFERENCES

1. Title XVIII of the Social Security Act (SSA) [§1862 \(a\)\(1\)\(A\)](#)
2. Medicare Claims Processing Manual; Chapter 18 - Preventive and Screening Services; <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c18pdf.pdf>

## CODING

Codes	Number	Description
CPT	82310	Calcium; total
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	83993	Calprotectin, fecal
	84100	Phosphorus inorganic (phosphate);
	84105	Phosphorus inorganic (phosphate); urine
	84402	Testosterone; free
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	84466	Transferrin
	85651	Sedimentation rate, erythrocyte; non-automated
	85652	Sedimentation rate, erythrocyte; automated
	86038	Antinuclear antibodies (ANA);
	86039	Antinuclear antibodies (ANA); titer
	86140	C-reactive protein;
	86225	Fluorescent noninfectious agent antibody; screen, each antibody
	86235	Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody

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**HCPCS** None

**\*IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.