

Reimbursement Policy Statement Illinois Medicaid

Effective Date	Next Annual Review	Policy Number	
06/01/2024	11/01/2026	ABHIL-RP-0017	
Policy Name		Department	
Clinical Laboratory National Coverage Determinations (NCD)		Claims Operations Medical Payment	
Policy Type			
Medical	Administrative	Pharmacy	Reimbursement

Aetna Better Health® of Illinois (ABH IL) implements comprehensive and robust policies and procedures to ensure alignment with Illinois Department of Health Care and Family Services (HFS) and to warrant that regulatory standards are met.

ABH IL reimbursement policies are intended to provide a general reference for claims filing, coding, documentation guidelines and administrative functions. Providers are ultimately responsible for submission of accurate reporting of services provided.

Reimbursement of reported services is subject to member benefit, eligibility on date of service, medical necessity, related plan policies and procedures, correct coding and clinical editing logic, provider contracts and all applicable plan documentation and guidelines set forth by Illinois Department of Health Care and Family Services (HFS). Coding methodology, regulatory requirements, industry standard claims logic, guidance from specialty organizations and other factors are considered in the development of plan policies. ABH IL retains the right to change, amend or withdraw this policy as needed, at any time.

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A. Policy

This policy is provided as a guide to medical coding and editing guidelines for the appropriate reporting of clinical laboratory tests. This guidance aligns with AMA CPT Coding Guidelines, ICD-10-CM Coding Guidelines and National Coverage Determinations issued by CMS.

B. Overview

This policy outlines the coding and editing guidelines adopted by ABHIL for specific clinical laboratory tests. Clinical Laboratory National Coverage Determinations (NCD's) are nationwide rules created by CMS that document when specific laboratory services will or will not be covered.

In Section E- Codes/ Conditions of Coverage outlines all the specific NCD's that have been adopted for claims editing by ABHIL along with the applicable CPT codes. It is recommended that the original NCD documents as published by CMS be referenced for additional questions- a link to the CMS Library for NCD's is included in Section H- References section of this policy document. This policy applies to all professional and facility claim types.

C. Definitions

Term	Definition
Aetna Better Health of Illinois (ABHIL)	A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Illinois Medicaid program.
Centers for Medicare & Medicaid Services (CMS)	The federal agency that administers the Medicare program as well as works with the individual states to administer state Medicaid and Children's Health Insurance Programs.
Current Procedural Terminology (CPT)	A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.
Illinois Department of Health Care and Family Services (HFS)	The Department of Healthcare and Family Services administers health insurance programs for children, pregnant women, and adults who are residents of Illinois.



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International Statistical Classification of Diseases (ICD-10-CM)	The 10th revision of the (ICD), a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.
Medicaid	The state administered program that provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities, according to federal requirements. The program is funded jointly by states and the federal government.
Medicare	Medicare is a health insurance program for: people aged sixty-five (65) or older, people under age sixty-five (65) with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).
National Coverage Determinations (NCD)	A CMS National Coverage Determination (NCD) is a nationwide rule created by Medicare (CMS) that says whether Medicare will pay for a certain medical test, treatment, procedure, or piece of equipment

D. Reimbursement Guidelines

ABH IL will only reimburse for the appropriate reporting of the specific clinical diagnostic laboratory services outlined in this policy when

- Services are reported with an ICD-10-CM diagnosis code indicated by the specific NCD as a covered diagnosis.

Claims that are submitted will be denied when

- Services are reported without an ICD-10-CM diagnosis code that is listed in the non-covered section of a specific test's NCD.
- Services are reported with an ICD-10-CM diagnosis code that is not listed in either the covered or non- covered section of a specific tests' NCD.

The medical record documentation is expected to support the specific CPT code(s) and ICD-10-CM codes reported.



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E. Codes/Condition of Coverage			
NCD Number	NCD Section Title	CPT Code(s)	
NCD 190.12	Urine Culture, Bacterial	87086	
NCD 190.13	Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring)	87536	
NCD 190.14	Human Immunodeficiency Virus (HIV) Testing (Diagnosis)	86689	
NCD 190.15	Blood Counts	85027	
NCD 190.16	Partial Thromboplastin Time (PTT)	85730	
NCD 190.17	Prothrombin Time (PT)	85610	
NCD 190.18	Serum Iron Studies	83540 83550	
NCD 190.19	Collagen Crosslinks, any Method	82523	
NCD 190.20	Blood Glucose Testing	82947 82948 82962	
NCD 190.21	Glycated Hemoglobin/Glycated Protein	82985 83036	
NCD 190.22	Thyroid Testing	84436 84439 84443 84479	
NCD 190.23	Lipids Testing	80061 82465 83700 83701 83704 83718 83721 84478	
NCD 190.24	Digoxin Therapeutic Drug Assay	80162	
NCD 190.25	Alpha-fetoprotein	82105	
NCD 190.26	Carcinoembryonic Antigen	82378	
NCD 190.27	Human Chorionic Gonadotropin	84702	
NCD 190.28	Tumor Antigen by Immunoassay CA 125	86304	
NCD 190.29	Tumor Antigen by Immunoassay CA 15-3/CA 27.29	86300	



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NCD 190.30	Tumor Antigen by Immunoassay CA 19-9	86301
NCD 190.31	Prostate Specific Antigen	84153
NCD 190.32	Gamma Glutamyl Transferase	82977
NCD 190.33	Hepatitis Panel/Acute Hepatitis Panel	80074
NCD 190.34	Fecal Occult Bood Test	82270 82274

F. Frequently Asked Questions
N/A

G. Review/Revision Date

Action	Date	Comments
Revision	02/01/2026	Policy template updated- no other content changes
Effective Date	06/01/2024	

- H. Resources**
- Centers for Medicare & Medicaid Services. (2026). *National Coverage NCD report results*. <https://www.cms.gov/medicare-coverage-database/reports/national-coverage-ncd-report.aspx?chapter=190&labOnly=laboronlyncd&sortBy=chapter>
 - American Medical Association. *CPT Professional Edition 2025, AMA*; 2024.