

Pathology: Chemistry

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This section contains information to assist providers in billing for pathology procedures related to chemistry services.

For information regarding automated chemistry tests and organ or disease-oriented panels, refer to the *Pathology: Organ or Disease-Oriented Panels* section of this manual.

Helicobacter pylori Testing

Laboratory CPT® codes 83009 (Helicobacter pylori; blood test analysis for urease activity, non-radioactive isotope), 83013 (Helicobacter pylori; breath test for urease activity, non-radioactive isotope), 83014 (Helicobacter pylori; drug administration), 87338 (infectious agent antigen detection by immunoassay technique, qualitative or semiquantitative, multiple-step method; Helicobacter pylori, stool) and 87339 (infectious agent antigen detection by immunoassay technique qualitative or semiquantitative, multiple-step method :Helicobacter pylori) are reimbursable only when billed in conjunction with one of the following ICD-10-CM diagnosis codes:

ICD-10-CM Code	Description
B96.81	Helicobacter pylori
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue (MALT-lymphoma)
D69.3	Immune thrombocytopenic purpura
K25.0 thru K25.9	Gastric ulcer
K26.0 thru K26.9	Duodenal ulcer
K27.0 thru K27.9	Peptic ulcer, site unspecified
K28.0 thru K28.9	Gastrojejunal ulcer
K30	Functional dyspepsia
Z87.11	Personal history of peptic ulcer disease

«Beta-Amyloid and Tau Testing for Alzheimer's Disease

Claims for pathology procedure CPT codes 82233, 82234, 84393 and 84394 require a *Treatment Authorization Request (TAR)*.

Table of CPT Codes

Code	Description
82233	Beta-amyloid; 1-40 (Abeta 40)
82234	Beta-amyloid; 1-42 (Abeta 42)
84393	Tau, phosphorylated (eg, pTau 181, pTau 217), each
84394	Tau, total (tTau)

TAR Requirements

A TAR requires documentation of the following criteria:

For Alzheimer disease

- The patient has signs and symptoms concerning for Alzheimer disease and the test is necessary to aid in diagnosis or the patient has been diagnosed with Alzheimer disease and treatment strategy will be contingent on the test results, and
- The test will be performed on cerebrospinal fluid (CSF) specimen(s) only.»

Cyanocobalamin (Vitamin B-12) Test

The cyanocobalamin (vitamin B-12) test (CPT code 82607) is reimbursable only when an appropriate diagnosis on the claim documents the medical necessity for the test.

Code 82607 is reimbursable only when billed in conjunction with one of the following ICD-10-CM diagnosis codes:

ICD-10-CM Code	Description
A52.15	Late syphilitic neuropathy
B70.0	Diphyllobothriasis, intestinal
C16.0 thru C16.9	Malignant neoplasm of stomach
D51.0 thru D51.9	Vitamin B-12 deficiency anemia
D53.1	Other megaloblastic anemias not elsewhere classified
D53.9	Unspecified deficiency anemia

ICD-10-CM Code	Description
D77	Other disorders of blood-forming organs in diseases classified elsewhere
D81.818	Other biotin-dependent carboxylase deficiency
E53.8	Deficiency of other specified B group vitamins
F01.50, F01.51	Vascular dementia
F02.80, F02.81	Dementia in other diseases classified elsewhere
F06.8	Other specified mental disorders due to known physiological condition
F07.0	Personality change due to known physiological condition
G60.9	Hereditary and idiopathic peripheral neuropathy; unspecified
G63	Polyneuropathy in diseases classified elsewhere
G65.0 thru G65.2	Sequela of inflammatory and toxic polyneuropathies
G93.3	Postviral fatigue syndrome
K14.6	Glossodynia
K29.30, K29.31	Chronic superficial gastritis
K29.40, K29.41	Chronic atrophic gastritis
K29.50, K29.51	Unspecified chronic gastritis
K50.00 thru K50.919	Crohn's disease
K86.0	Alcohol-induced chronic pancreatitis
K86.1	Other chronic pancreatitis
K86.81	Exocrine pancreatic insufficiency
K86.89	Other specified diseases of pancreas
K90.0 thru K90.49	Intestinal malabsorption
K90.89, K90.9	Other and unspecified intestinal malabsorption
K91.1	Postgastric surgery syndromes
K91.2	Postsurgical malabsorption, not elsewhere classified
M34.83	Systemic sclerosis with polyneuropathy
Q41.0 thru Q41.9	Congenital absence, atresia and stenosis of small intestine
R20.0 thru R20.9	Disturbances of skin sensation
R53.0 thru R53.83	Malaise and fatigue
Z93.2	Ileostomy status
Z93.4	Other artificial opening of gastrointestinal tract status
Z97.8	Presence of other specified devices
Z98.0	Intestinal bypass and anastomosis status
Z98.3	Post therapeutic collapse of lung status
Z98.62	Peripheral vascular angioplasty status
Z98.890	Other specified postprocedural states

Ferritin Test

The ferritin blood test (CPT code 82728) is reimbursable only when medically necessary and the medical condition is documented on the claim. Serum ferritin levels run as part of a routine screening panel on recipients without a specific diagnostic indication are not medically justified and are not reimbursable. CPT code 82728 is reimbursable only when billed in conjunction with one of the following ICD-10-CM diagnosis codes:

A00.0 thru A09	B37.7 thru B37.82	B55.9 thru B57.40
A18.32	B37.89 thru B37.9	B57.5
A18.83	B39.3 thru B39.9	B60.8
A19.0 thru A19.9	B40.89	B60.00 thru B60.03
A44.0 thru A44.9	B40.9	B60.09
A50.08 thru A50.09	B41.7 thru B41.9	B64 thru B65.2
A50.40	B42.7	B65.8 thru B67.5
A50.59 thru A50.9	B42.89	B67.69 thru B78.0
A51.45	B42.9	B78.7 thru B81.2
A51.49 thru A51.9	B43.8 thru B44.1	B81.4 thru B83.3
A52.74	B44.7	B83.8 thru B83.9
A52.79 thru A53.9	B44.89	C00.0 thru C43.9
A54.89 thru A54.9	B44.9	C44.00 thru C7B.09
A63.8 thru A64	B45.7 thru B45.9	C7B.8 thru C96.9
A68.9	B46.2 thru B46.9	D00.00 thru D81.2
A69.20	B48.1 thru B48.9	D81.4 thru D89.9
A69.29	B50.8	E00.0 thru E03.4
A75.0 thru A79.9	B50.9	E03.8 thru E07.9
B15.0 thru B20	B51.8	E08.43
B25.1	B52.8	
B34.9	B53.0 thru B55.0	

E09.43	E83.30 thru E88.9	N15.8 thru N20.0
E10.43	F10.120 thru F10.229	N92.0 thru N93.9
E11.43	F50.00 thru F50.02	N95.0
E13.43	F50.2	O90.81
E34.0 thru E34.2	F50.81 thru F50.89	O99.011 thru O99.03
E34.8	F50.9	O99.611 thru O99.63
E34.9	F53.0 thru F53.1	R71.0
E35	F98.21 thru F98.3	R71.8
E40 thru E74.9	K22.8 thru K31.83	T80.910A
E75.21 thru E75.22	K31.89	T80.911A thru T80.911S
E75.240 thru E75.249	K31.9	T80.919A
E75.3	K50.00 thru K51.919	T82.837A thru T82.838S
E75.5 thru E78.70	N02.0 thru N08	T84.83XA thru T84.83XS
E78.79 thru E83.19	N14.0 thru N15.0	T85.830A thru T85.838S

Blood Glucose Tolerance Billing Policy

Claims for laboratory and pathology component tests (CPT codes 82947 and 82950) will be denied if Glucose Tolerance Testing (GTT) procedure codes 82951 and 82952 have been previously reimbursed to the same provider, for the same recipient and date of service.

Additionally, payments for GTT procedure codes 82951 and 82952 will be reduced by the amounts previously reimbursed for component test codes 82947 and/or 82950 to the same provider, for the same recipient and date of service.

CPT Code	Description
82947	Glucose; quantitative
82950	Glucose; quantitative post glucose dose (includes glucose)
82951	Glucose Tolerance Test (GTT), three specimens (includes glucose)
82952	(GTT), each additional beyond three specimens (list separately in addition to code for primary procedure)

Gonadotropin: Follicle Stimulating Hormone

CPT codes 83001 (gonadotropin; follicle stimulating hormone [FSH]) and 83002 (gonadotropin luteinizing hormone [LH]) should only be ordered when medically indicated, based on recipient evaluation. Gonadotropin level tests for screening or non-indicated disease processes, such as infertility, are not reimbursable. Code 83001 is reimbursable only when billed in conjunction with one of the following ICD-10-CM diagnosis codes:

B26.0	D27.0 thru D27.9	E83.110 thru E83.19
C11.0	D29.20 thru D29.22	E89.0 thru E89.6
C41.0	D32.0 thru D33.9	F50.00 thru F50.02
C50.011 thru C50.929	D35.00 thru D35.9	N89.7
C56.1 thru C57.4	D39.0 thru D40.9	N91.0 thru N93.9
C61	D82.0 thru D82.2	N95.0 thru N95.9
C71.0	E00.0 thru E03.4	N98.1
C72.9	E03.8 thru E07.1	Q50.01 thru Q56.4
C74.00 thru C75.9	E07.89	Q64.0
C88.0	E07.9	Q85.1 thru Q85.9
C96.5	E20.0 thru E35	Q87.2
C96.6	E66.01 thru E66.2	Q87.3
D16.4	E80.21	Q87.81
D21.0		Q89.1 thru Q99.8

Code 83002 is reimbursable only when billed in conjunction with one of the following ICD-10-CM diagnosis codes:

B26.0	C61	C96.5
C11.0	C71.0	C96.6
C41.0	C72.9	D16.4
C50.011 thru C50.929	C74.00 thru C75.9	D21.0
C56.1 thru C57.4	C88.0	D27.0 thru D27.9

D29.20 thru D29.22	E89.0 thru E89.6	Q50.01 thru Q56.4
D32.0 thru D33.9	F50.00 thru F50.02	Q64.0
D35.00 thru D35.9	M33.02	Q85.1 thru Q85.9
D39.0 thru D40.9	M33.12	Q87.2
D82.0 thru D82.2	M34.82	Q87.3
E00.0 thru E07.9	M35.03	Q87.81
E20.0 thru E35	N89.7	Q87.82
E66.01 thru E66.2	N91.0 thru N93.9	Q89.1 thru Q99.8
E80.21	N95.0 thru N95.9	
E83.110 thru E83.19	N98.1	

Gender Restrictions

The diagnosis codes listed above, when billed in conjunction with CPT codes 83001 and 83002, have gender restrictions.

The following ICD-10-CM codes may be used for female recipients:

C50.011 thru C50.019	C50.611 thru C50.619	N92.4
C50.111 thru C50.119	C50.811 thru C50.819	N92.6
C50.211 thru C50.219	C50.911 thru C50.919	N93.9
C50.311 thru C50.319	D27.0 thru D27.9	N95.0 thru N95.9
C50.411 thru C50.419	E28.0	Q50.01 thru Q52.9
C50.511 thru C50.519	N91.0 thru N91.2	Q96.0 thru Q96.9

The following ICD-10-CM codes may be used for male recipients:

B26.0	C50.521 thru C50.529	E34.50
C50.021 thru C50.029	C50.621 thru C50.629	I86.1
C50.121 thru C50.129	C50.821 thru C50.829	Q52.8
C50.221 thru C50.229	C50.921 thru C50.929	Q53.00 thru Q54.9
C50.321 thru C50.329	C61	Q55.0 thru Q55.8
C50.421 thru C50.429	E29.0	Q64.0

AR Requirements

Infertility diagnosis codes when billed with any procedure are not Medi-Cal benefits and will be denied unless submitted with a valid, approved *Treatment Authorization Request/Service Authorization Request* (TAR/SAR).

Amniotic Fluid Detection Testing

The AmniSure test for amniotic fluid detection is not a Medi-Cal benefit. It may not be billed with any CPT 80000 series laboratory procedure codes, including CPT code 83518 (immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative, single step method [eg, reagent strip]) and code 84999 (unlisted chemistry procedure).

Free Light Chains

CPT code 83521 (immunoglobulin light chains [ie, kappa, lambda], free, each) has a frequency limitation of nine per day which can be overridden by attaching an approved *Treatment Authorization Request* (TAR) or *Service Authorization Request* (SAR).

Procalcitonin Assay

CPT code 84145 (procalcitonin [PCT]) assay is indicated in any of the following clinical situations:

- Help providers determine if antibiotic treatment should be started or stopped in recipients with lower respiratory tract infections
- Help providers determine if an antibiotic should be stopped in recipients with sepsis
- Aid the risk assessment of critically ill recipients on their first day of intensive care unit (ICU) admission for progression to severe sepsis and septic shock
- Determine the change in PCT level over time as an aid in assessing the cumulative 28-day risk of all-cause mortality in conjunction with other laboratory findings and clinical assessments for recipients diagnosed with severe sepsis or septic shock in the ICU or when obtained in the emergency department or other medical wards prior to ICU admission

Prolactin Level Testing

Prolactin level testing (CPT code 84146) should be ordered only when medically indicated, based on recipient evaluation. Prolactin level tests for screening or non-indicated disease processes, such as infertility, are not reimbursable. Code 84146 is reimbursable only when billed in conjunction with one of the following ICD-10-CM diagnosis codes:

E01.8	E10.21 thru E10.29	I13.0 thru I13.2
E02	E11.21 thru E11.29	I15.0 thru I15.9
E03.2	E13.21 thru E13.29	N26.2
E03.3	E22.0 thru E23.7	N89.7
E03.8	E24.1	N91.0 thru N93.9
E03.9	E34.4	O09.00 thru O09.93
E05.90	E89.0	O92.011 thru O92.79
E05.91	E89.3	Z33.1
E06.0 thru E06.9	I12.0 thru I12.9	Z34.00 thru Z34.93

Substantiating medical justification in the recipient's medical record is subject to post payment review by Audits and Investigations.

Chorionic Gonadotropin

CPT procedure codes 84702 (gonadotropin, chorionic [hCG]; quantitative) and 84703 (gonadotropin, chorionic [hCG]; qualitative) are reimbursable only when billed in conjunction with one of the following ICD-10-CM diagnosis codes:

C38.1 thru C38.8	C79.82	O14.00 thru O15.9
C45.1	D39.2	O16.1 thru O16.9
C48.1	N89.8	O20.0
C48.8	N94.89	R10.2
C56.1 thru C56.9	O00.00 thru O00.91	Z33.2
C57.4	O01.0 thru O01.9	Z34.00 thru Z34.93
C62.00 thru C62.02	O02.0 thru O02.1	Z85.068
C62.10 thru C62.12	O02.81	Z85.07
C62.90 thru C62.92	O03.0 thru O03.9	Z85.09
C75.3	O04.5 thru O04.89	Z85.238
C78.1	O09.10 thru O09.13	Z85.29
C78.6	O11.1 thru O11.9	Z85.43
C79.60 thru C79.62	O13.1 thru O13.9	Z85.47

Myeloperoxidase

CPT code 83876 (myeloperoxidase [MPO]) is a Medi-Cal benefit for recipients with ischemic heart disease and must be billed with ICD-10-CM codes I20.0 thru I22.9 and I24.0 thru I25.9. It is not split-billed and must not be billed with modifiers 26, TC or 99.

Thyroxine

The following restrictions apply when billing for laboratory tests related to the thyroid hormone, thyroxine:

- CPT code 84436 (thyroxine; total) is not reimbursable if code 84439 (thyroxine, free) has been previously reimbursed for the same date of service, recipient and provider.
- CPT code 84479 (thyroid hormone [T3 or T4] uptake or thyroid hormone binding ratio [THBR]) is not reimbursable if code 84439 has been previously reimbursed for the same date of service, recipient and provider.
- Reimbursement for CPT code 84439 will be reduced if either code 84436 or 84479 has been previously reimbursed for the same date of service, recipient and provider.

Immunoassay for Tumor Antigen

CPT code 86304 (immunoassay for tumor antigen, quantitative, CA 125) is reimbursable only when billed in conjunction with one of the following ICD-10-CM diagnosis codes:

C45.1	C56.1 thru C57.02	G89.3
C48.1 thru C48.8	C57.4 thru C57.8	R19.09
C51.8	C79.60 thru C79.62	R97.1
C53.0	C79.82	R97.8
C54.1 thru C54.3	C7A.00 thru C7B.8	Z85.41 thru Z85.44
C54.9	D39.0 thru D39.9	

Transfusion Medicine

“By Report” attachments are required when billing for the following transfusion medicine CPT codes:

CPT Code	Description
86920	Compatibility test each unit; immediate spin technique
86921	Compatibility test each unit; incubation technique
86922	Compatibility test each unit; antiglobulin technique
86923	Compatibility test each unit; electronic

Anti-mullerian hormone

CPT code 82166 Anti-mullerian hormone (AMH) requires a *Treatment Authorization Request* (TAR) for reimbursement.

TAR requires documentation of all the following numbered criteria:

1. Clinical concern for any of the following:
 - Disorder or difference of sex development, or
 - Defect in androgen receptor function, or
 - Ovarian granulosa cell tumor.
2. Management is contingent on the test results.

Oncoprotein DCP

CPT code 83951 (oncoprotein; des-gamma-carboxy-prothrombin [DCP]) is reimbursable only when billed in conjunction with one of the following ICD-10-CM diagnosis codes:

B16.0	B19.11	K73.0 thru K74.69
B16.2	C15.3 thru C22.9	K75.4
B18.0	K70.0 thru K70.9	K75.81
B18.1	K72.00	K76.0
	K72.01	K76.2

Legend

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Symbol	Description
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