INSTRUCTIONS FOR USE

This Policy Guideline is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates for health care services submitted on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450), or their electronic comparative. The information presented in this Policy Guideline is believed to be accurate and current as of the date of publication.

This Policy Guideline provides assistance in administering health benefits. All reviewers must first identify member eligibility, any federal or state regulatory requirements, Centers for Medicare and Medicaid Services (CMS) policy, the member specific benefit plan coverage, and individual provider contracts prior to use of this Policy Guideline. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document may differ greatly from the standard benefit plan upon which this Policy Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Policy Guideline. Other Policies and Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

UnitedHealthcare follows Medicare coverage guidelines and regularly updates its Medicare Advantage Policy Guidelines to comply with changes in CMS policy. UnitedHealthcare encourages physicians and other healthcare professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other healthcare professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. This Policy Guideline is provided for informational purposes. It does not constitute medical advice.

POLICY SUMMARY

Overview
The following diagnostic tests may not be covered because they are obsolete and have been replaced by more advanced procedures. The listed tests may be paid for only if the medical need for the procedure is satisfactorily justified by the physician who performs it. When the services are subject to the Quality Improvement Organization (QIO) Review, the QIO is responsible for determining that satisfactory medical justification exists. When the services are not subject to QIO review, UnitedHealthcare is responsible for determining that satisfactory medical justification exists.

Guidelines
Diagnostic Tests
- Amylase, blood isoenzymes, electrophoretic
- Bendien's test for cancer and tuberculosis
- Bolen's test for cancer
- Chromium, blood
- Guanase, blood
- Circulation time, one test
- Cephalin flocculation
- Congo red, blood
- Hormones, adrenocorticotropic quantitative animal tests
- Hormones, adrenocorticotropic quantitative bioassay
- Thymol turbidity, blood
- Skin test, cat scratch fever

Related Medicare Advantage Coverage Summary
- Laboratory Tests and Services
- Skin test, lymphopathia venereum
- Skin test, actinomycosis
- Skin test, brucellosis
- Skin test, psittacosis
- Skin test, trichinosis
- Calcium, feces, 24-hour quantitative
- Starch, feces, screening
- Chymotrypsin, duodenal contents
- Gastric analysis, pepsin
- Gastric analysis, tubeless
- Calcium saturation clotting time
- Capillary fragility test (Rumpel-Leede)
- Colloidal gold
- Rehfuss test for gastric acidity
- Serum seromucoid assay for cancer and other diseases
- Zinc sulphate turbidity, blood

### Cardiovascular Tests
The following phonocardiography and vectorcardiography diagnostic tests may not be covered because they have been determined to be outmoded and of little clinical value.
- Phonocardiogram with or without ECG lead; with supervision during recording with interpretation and report (when equipment is supplied by the physician)
- Phonocardiogram; tracing only, without interpretation and report (e.g., when equipment is supplied by the hospital, clinic)
- Phonocardiogram; interpretation and report
- Phonocardiogram with ECG lead, with indirect carotid artery and/or jugular vein tracing, and/or apex cardiogram; with interpretation and report
- Phonocardiogram; without interpretation and report
- Phonocardiogram; interpretation and report only
- Intracardiac
- Vectorcardiogram (VCG), with or without ECG; with interpretation and report
- Vectorcardiogram; tracing only, without interpretation and report
- Vectorcardiogram; interpretation and report only

### APPLICABLE CODES
The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

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<td>Cephalin floculation, blood</td>
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<td>P2033</td>
<td>Thymol turbidity, blood</td>
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<td>P2038</td>
<td>Mucoprotein, blood (seromucoid) (medical necessity procedure)</td>
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### REFERENCES

**CMS National Coverage Determinations (NCDs)**

NCD 300.1 Obsolete or Unreliable Diagnostic Tests

**CMS Local Coverage Determinations (LCDs)**

<table>
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<tr>
<th>LCD</th>
<th>Medicare Part A</th>
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### GUIDELINE HISTORY/REVISION INFORMATION

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