

LCD Reference Article	Billing and Coding Article
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Article - Billing and Coding: Lab: Cystatin C Measurement (A57644)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID

A57644

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Article Title

Fee schedules, relative value units, conversion factors and/or related

Billing and Coding: Lab: Cystatin C Measurement

Article Type

Billing and Coding

Original Effective Date

11/01/2019

Revision Effective Date

01/01/2023

Revision Ending Date

N/A

Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, §60.1.2 Independent Laboratory Specimen Drawing, §60.2 Travel Allowance

CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 23, §10 Reporting ICD Diagnosis and Procedure Codes

CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests, §80.1.1 Certification Changes, §80.1.2 A/B MAC (B) Contacts With Independent Clinical Laboratories

Article Guidance

Article Text

The information in this article contains billing, coding, or, other guidelines that complement the Local Coverage Determination (LCD) for Lab: Cystatin C Measurement Policy L37618.

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
4. The medical record documentation must support the medical necessity of the services as directed in this policy.
5. The laboratory or billing provider must have on file the physician requisition which sets forth the diagnosis or condition (ICD-10-CM code) that warrants the test(s).
6. Examples of documentation requirements of the ordering physician/non-physician practitioner (NPP) include, but are not limited to, history and physical or exam findings that support the decision making, problems/diagnoses, relevant data (e.g., lab testing).
7. Medical record documentation must support cystatin C test was performed on an adult patient with creatinine based eGFR 45–59 ml/min/1.73 m² who does not have markers of kidney damage.
8. Medical record documentation must clearly indicate the rationale which supports the medical necessity for performing eGFR by measurement of cystatin C (i.e. support GFR estimates based on serum creatinine are thought to be inaccurate and what decisions depend on more accurate knowledge of the GFR) and must reflect how the test result were used in the patient's plan of care.

To report a Cystatin C service, please submit the following claim information:

- Select CPT® code 82610
- Enter 1 unit of service (UOS)
- Select the appropriate ICD-10-CM code

Note: The contractor has identified the Bill Type and Revenue Codes applicable for use with the CPT®/HCPCS codes included in this article. Providers are reminded that not all CPT®/HCPCS codes listed can be billed with all Bill Type and/or Revenue Codes listed. CPT®/HCPCS codes are required to be billed with specific Bill Type and Revenue Codes. Providers are encouraged to refer to the CMS Internet-Only Manual (IOM) Pub. 100-04, Claims Processing Manual, for further guidance.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes: (1 Code)

CODE	DESCRIPTION
82610	CYSTATIN C

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes: (71 Codes)

CODE	DESCRIPTION
N06.0	Isolated proteinuria with minor glomerular abnormality
N06.3	Isolated proteinuria with diffuse mesangial proliferative glomerulonephritis
N06.4	Isolated proteinuria with diffuse endocapillary proliferative glomerulonephritis
N06.5	Isolated proteinuria with diffuse mesangiocapillary glomerulonephritis
N06.6	Isolated proteinuria with dense deposit disease
N06.7	Isolated proteinuria with diffuse crescentic glomerulonephritis
N06.8	Isolated proteinuria with other morphologic lesion
N06.9	Isolated proteinuria with unspecified morphologic lesion
N06.A	Isolated proteinuria with C3 glomerulonephritis
N17.0	Acute kidney failure with tubular necrosis
N17.1	Acute kidney failure with acute cortical necrosis
N17.2	Acute kidney failure with medullary necrosis
N17.8	Other acute kidney failure
N17.9	Acute kidney failure, unspecified
N18.2	Chronic kidney disease, stage 2 (mild)
N18.30	Chronic kidney disease, stage 3 unspecified
N18.31	Chronic kidney disease, stage 3a
N18.32	Chronic kidney disease, stage 3b
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
O12.10	Gestational proteinuria, unspecified trimester
O12.11	Gestational proteinuria, first trimester

CODE	DESCRIPTION
O12.12	Gestational proteinuria, second trimester
O12.13	Gestational proteinuria, third trimester
O12.14	Gestational proteinuria, complicating childbirth
O12.15	Gestational proteinuria, complicating the puerperium
O12.20	Gestational edema with proteinuria, unspecified trimester
O12.21	Gestational edema with proteinuria, first trimester
O12.22	Gestational edema with proteinuria, second trimester
O12.23	Gestational edema with proteinuria, third trimester
O12.24	Gestational edema with proteinuria, complicating childbirth
O12.25	Gestational edema with proteinuria, complicating the puerperium
Q61.00	Congenital renal cyst, unspecified
Q61.01	Congenital single renal cyst
Q61.02	Congenital multiple renal cysts
Q61.11	Cystic dilatation of collecting ducts
Q61.19	Other polycystic kidney, infantile type
Q61.2	Polycystic kidney, adult type
Q61.3	Polycystic kidney, unspecified
Q61.4	Renal dysplasia
Q61.5	Medullary cystic kidney
Q61.8	Other cystic kidney diseases
Q61.9	Cystic kidney disease, unspecified
R31.0	Gross hematuria
R31.1	Benign essential microscopic hematuria
R31.21	Asymptomatic microscopic hematuria
R31.29	Other microscopic hematuria
R31.9	Hematuria, unspecified
R79.89	Other specified abnormal findings of blood chemistry
R80.0	Isolated proteinuria
R80.1	Persistent proteinuria, unspecified
R80.2	Orthostatic proteinuria, unspecified
R80.3	Bence Jones proteinuria
R80.8	Other proteinuria

CODE	DESCRIPTION
R80.9	Proteinuria, unspecified
T50.904A	Poisoning by unspecified drugs, medicaments and biological substances, undetermined, initial encounter
T50.904D	Poisoning by unspecified drugs, medicaments and biological substances, undetermined, subsequent encounter
T50.904S	Poisoning by unspecified drugs, medicaments and biological substances, undetermined, sequela
T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
T50.905D	Adverse effect of unspecified drugs, medicaments and biological substances, subsequent encounter
T50.905S	Adverse effect of unspecified drugs, medicaments and biological substances, sequela
T50.994A	Poisoning by other drugs, medicaments and biological substances, undetermined, initial encounter
T50.994D	Poisoning by other drugs, medicaments and biological substances, undetermined, subsequent encounter
T50.994S	Poisoning by other drugs, medicaments and biological substances, undetermined, sequela
T50.995A	Adverse effect of other drugs, medicaments and biological substances, initial encounter
T50.995D	Adverse effect of other drugs, medicaments and biological substances, subsequent encounter
T50.995S	Adverse effect of other drugs, medicaments and biological substances, sequela
T65.94XA	Toxic effect of unspecified substance, undetermined, initial encounter
T65.94XD	Toxic effect of unspecified substance, undetermined, subsequent encounter
T65.94XS	Toxic effect of unspecified substance, undetermined, sequela
Z52.4	Kidney donor

ICD-10-CM Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10-PCS Codes**Group 1 Paragraph:**

N/A

Group 1 Codes:

N/A

Additional ICD-10 Information

N/A

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

CODE	DESCRIPTION
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
014x	Hospital - Laboratory Services Provided to Non-patients
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient
071x	Clinic - Rural Health
072x	Clinic - Hospital Based or Independent Renal Dialysis Center
075x	Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF)
077x	Clinic - Federally Qualified Health Center (FQHC)
085x	Critical Access Hospital

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report

this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Note: The contractor has identified the Bill Type and Revenue Codes applicable for use with the CPT/HCPCS codes included in this LCD. Providers are reminded that not all CPT/HCPCS codes listed can be billed with all Bill Type and/or Revenue Codes listed. CPT/HCPCS codes are required to be billed with specific Bill Type and Revenue Codes. Providers are encouraged to refer to the CMS Internet-Only Manual (IOM) Pub. 100-04, Claims Processing Manual, for further guidance.

CODE	DESCRIPTION
030X	Laboratory - General Classification
031X	Laboratory Pathology - General Classification

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2023	R5	<p>Revision Effective Date: 01/01/2023</p> <p>ICD-10-CM CODES THAT SUPPORT MEDICAL NECESSITY: Added: ICD-10-CM codes N06.0, N06.3, N06.4, N06.5, N06.6, N06.7, N06.8, N06.9, N06.A, N17.0, N17.1, N17.2, N17.8, N17.9, N18.2, N18.4, N18.5, O12.10, O12.11, O12.12, O12.13, O12.14, O12.15, O12.20, O12.21, O12.22, O12.23, O12.24, O12.25, Q61.00, Q61.01, Q61.02, Q61.11, Q61.19, Q61.2, Q61.3, Q61.4, Q61.5, Q61.8, Q61.9, R31.0, R31.1, R31.21, R31.29, R31.9, R79.89, R80.0, R80.1, R80.2, R80.3, R80.8, R80.9 to Group 1 Codes</p> <p><i>10/24/2024: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination. This revision is due to the 2024 Annual ICD-10 updates.</i></p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
06/09/2022	R4	Updated to indicate this article is an LCD Reference Article.
06/09/2022	R3	Under Article Title revised the title to read Billing and Coding: Lab: Cystatin C Measurement. Under Article Text revised title to Lab: Cystatin C Measurement. Formatting and punctuation were corrected throughout the article.
10/29/2020	R2	Under CMS National Coverage Policy added regulation CMS Internet-Only Manual, Pub 100-02, Medicare Benefit Policy Manual, Chapter 15, §80.0, §80.1.1, and §80.1.2. Under Article Text added Documentation Requirements section and corresponding verbiage. Acronyms were inserted where appropriate throughout the article. Formatting, punctuation and typographical errors were corrected throughout the article.
10/01/2020	R1	Under ICD-10 Codes that Support Medical Necessity Group 1 : Codes added N18.30, N18.31, and N18.32 and deleted N18.3. This revision is due to the Annual ICD-10 Code Update and is effective on 10/1/20.

Associated Documents

Related Local Coverage Documents

Articles

[A56213 - Response to Comments: MolDX: Cystatin C Measurement](#)

LCDs

[L37618 - Lab: Cystatin C Measurement](#)

[DL37618 - MolDX: Cystatin C Measurement \(MCD Archive Site\)](#)

Related National Coverage Documents

N/A

Statutory Requirements URLs

N/A

Rules and Regulations URLs

N/A

CMS Manual Explanations URLs

N/A

Other URLs

N/A

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
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10/14/2024	01/01/2023 - N/A	Currently in Effect (This Version)

Keywords

N/A