

# JM Palmetto — MoIDX: Cystatin C Measurement

CPT: 82610 (CYSTATIN C)

## CMS Policy for Alabama, Georgia, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia

Local policies are determined by the performing test location. This is determined by the state in which your performing laboratory resides and where your testing is commonly performed.

Medically Supportive ICD Codes are listed on subsequent page(s) of this document.

### Coverage Indications, Limitations, and/or Medical Necessity

#### Covered Indications

Cystatin C testing is medically reasonable and necessary when all of the following are met:

- In adults with eGFR<sub>creat</sub> 45–59 ml/min/1.73 m<sup>2</sup> (CKD stage 3A mildly to moderately decreased GFR) who do not have markers of kidney damage; **and**
- If confirmation is warranted
  - When GFR estimates based on serum creatinine are thought to be inaccurate; and
  - When decisions depend on a more accurate knowledge of the GFR, such as confirming a diagnosis of chronic kidney disease (CKD), determining eligibility for kidney donation, or adjusting the dosage of toxic drugs that are excreted by the kidneys).

#### Limitations

The following are not reasonable and necessary and therefore will be denied:

- Measurement of cystatin C to assess cardiovascular risk is considered investigational in the risk assessment and management of cardiovascular disease. Cystatin C is not covered according to Title XVIII of the Social Security Act, Section 1861(xx)(1). Therefore, cystatin C measurement is considered not medically reasonable and necessary.
- Based on the Kidney Disease Outcomes Quality Initiative (KDOQI) US Commentary on the 2012 Kidney Disease: Improving Global Outcomes (KDIGO) Clinical Practice Guideline for the Evaluation and Management of CKD, cystatin C testing is considered not medically reasonable and necessary for patients with following stages of CKD:
  - Stage 1 Kidney damage with normal or elevated GFR > 90 ml/min/1.73 m<sup>2</sup>
  - Stage 2 Kidney damage with mild decrease in GFR 60-89 ml/min/1.73 m<sup>2</sup>
  - Stage 3B Moderately to Severely decreased GFR 30-44 ml/min/1.73 m<sup>2</sup>
  - Stage 4 Severely decreased GFR 15-29 ml/min/1.73 m<sup>2</sup>
  - Stage 5 Kidney Failure GFR < 15 ml/min/1.73 m<sup>2</sup>

#### Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

Cystatin C testing will be considered medically reasonable and necessary when furnished as a confirmatory test in specific circumstances when eGFR based on serum creatinine is less accurate (e.g. muscle mass is abnormally high or low, dietary intake, medications that block distal tubule secretion of creatinine) and when more accurate knowledge of the eGFR will impact decisions, such as confirming a diagnosis of CKD, determining eligibility for kidney donation, or adjusting the dosage of toxic drugs that are excreted by the kidneys.

Repetitive use of cystatin C testing without documented evidence supporting the medical necessity would not be expected.

When services are performed in excess of established parameters, they may be subject to prepayment review for medical necessity.

Visit [QuestDiagnostics.com/MLCP](https://www.questdiagnostics.com/MLCP) to view current limited coverage tests, reference guides, and policy information.

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference

[www.cms.gov](https://www.cms.gov)

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There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**

**\*Note—Bolded diagnoses below have the highest utilization**

Code	Description
N18.30	Chronic kidney disease, stage 3 unspecified
N18.31	Chronic kidney disease, stage 3a
N18.32	Chronic kidney disease, stage 3b
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

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#### Disclaimer:

This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Quest Diagnostics does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

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