

Medi-Cal ICD-10 Coverage Policy

Ferritin

According to the Pathology: Chemistry section of the Medi-Cal General Medicine provider manual, CPT-4 code 82728 is reimbursable only when an appropriate diagnosis on the claim documents the medical necessity of the test. Serum ferritin levels run as part of a routine screening panel on recipients without a specific diagnostic indication are not medically justified. Ferritin is reimbursable by Medi-Cal only when billed in conjunction with one of the following ICD-10-CM diagnosis codes documenting the medical necessity of the test.

Ferritin ICD-10-CM Diagnosis Codes

A00.0 – A09	B37.89	B60.8	E75.22	K91.2
A18.32	B37.9	B64 – B65.2	E75.240 – E75.249	K91.850
A18.83	B39.3 – B39.9	B65.8 – B67.5	E75.3	K91.858
A19.0 – A19.9	B40.89	B67.69 – B78.0	E75.5 – E78.70	K91.870 – K92.9
A44.0 – A44.9	B40.9	B78.7 – B81.2	E78.79 – E83.19	K94.01
A50.08	B41.7 – B41.9	B81.4 – B83.3	E83.30 – E88.9	K94.11
A50.09	B42.7	B83.8 – B83.9	F10.120 – F10.229	K94.21
A50.40	B42.89	C00.0 – C43.9	F50.00 – F50.02	K94.31
A50.59 - A50.9	B42.9	C44.00 – C7B.09	F50.2	N02.0 – N08
A51.45	B43.8 – B44.1	C7B.8 – C96.9	F50.81 – F50.89	N14.0 – N15.0
A51.49 – A51.9	B44.7	D00.0 – D89.9	F50.9	N15.8 – N20.0
A52.74	B44.89	E00.0 – E03.4	F98.21 – F98.3	N92.0 – N93.9
A52.79 – A53.9	B44.9	E03.8 – E07.9	K22.8 – K31.83	N95.0
A54.89	B45.7 – B45.9	E08.43	K31.89	O90.81
A54.9	B46.2 – B46.9	E09.43	K31.9	O99.011 – O99.03
A63.8 – A64	B48.1 – B48.9	E10.43	K50.00 – K51.919	O99.611 – O99.63
A68.9	B50.8	E11.43	K52.81	R71.0
A69.20	B50.9	E13.43	K55.011 – K55.9	R71.8
A69.29	B51.8	E34.0 – E34.2	K57.00 – K59.9	T80.910A
A75.0 – A79.9	B52.8	E34.8	K63.0 – K63.9	T80.911A – T80.911S
B15.0 – B20	B53.0 – B55.0	E34.9	K90.0 – K90.49	T80.919A
B25.1	B55.9 – B57.40	E35	K90.89	T82.837A – T82.838S
B34.9	B57.5	E40 – E74.9	K90.9	T84.83XA – T84.83XS
B37.7 – B37.82	B60.0	E75.21	K91.1	T85.830A – T85.838S

For additional information on Medi-Cal's diagnosis policies, please refer to the Medi-Cal Provider Manual available at medi-cal.ca.gov/manual.

If you have any questions, please contact your Quest Diagnostics sales representative.

The above information serves as a reference tool for laboratory services and is not comprehensive. The ordering provider is responsible for determining the appropriate diagnosis codes for each patient. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record.

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.