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Publication Number	Manual Section Number	Manual Section Title
100-3	190.10	Laboratory Tests - CRD Patients
Version Number	Effective Date of this Version	Implementation Date
1	10/1/1997	10/1/1997

- Description Information**Benefit Category**

Diagnostic Laboratory Tests

Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.**Indications and Limitations of Coverage**

Laboratory tests are essential to monitor the progress of CRD patients. The following list and frequencies of tests constitute the level and types of routine laboratory tests that are covered. Bills for other types of tests are considered nonroutine. Routine tests at greater frequencies must include medical justification. Nonroutine tests generally are justified by the diagnosis.

A. The routinely covered regimen includes the following tests:

1. Per Dialysis
 - All hematocrit or hemoglobin and clotting time tests furnished incident to dialysis treatments.
2. Per Week
 - Prothrombin time for patients on anticoagulant therapy
 - Serum Creatinine
3. Per Week or Thirteen Per Quarter
 - BUN
4. Monthly
 - CBC
 - Serum Calcium
 - Serum Potassium
 - Serum Chloride
 - Serum Bicarbonate
 - Serum Phosphorous
 - Total Protein
 - Serum Albumin
 - Alkaline Phosphatase
 - AST, SGOT
 - LDH

B. Guidelines for tests other than those routinely performed include:

1. Serum Aluminum - one every 3 months
2. Serum Ferritin - one every 3 months

C. The following tests for hepatitis B are covered when patients first enter a dialysis facility:

1. Hepatitis B surface antigen (HBsAg)
2. Anti-HBs

Coverage of future testing in these patients depends on their serologic status and on whether they have been successfully immunized against hepatitis B virus. The following table summarizes the frequency of serologic surveillance for hepatitis B. Tests furnished according to this table do not require additional documentation and are paid separately

because payment for maintenance dialysis treatments does not take them into account.

Frequency of Screening			
	Vaccination and Serologic Status	HBsAg Patients	Anti-HBs Patients
Unvaccinated	Susceptible	Monthly	Semiannually
Unvaccinated	HBsAg Carrier	Annually	None
Unvaccinated	Anti-HBs-Positive ¹	None	Annually
Vaccinated	Anti-HBs-Positive ¹	None	Annually
Vaccinated	Low Level or No Anti-HBs	Monthly	Semiannually

¹ At least 10 sample ratio units by radioimmunoassay or positive by enzyme immunoassay.

Patients who are in the process of receiving hepatitis B vaccines, but have not received the complete series, should continue to be routinely screened as susceptible. Between one and six months after the third dose, all vaccines should be tested for anti-HBs to confirm their response to the vaccine. Patients who have a level of anti-HBs of at least 10 sample ratio units (SRUs) by radioimmunoassay (RIA) or who are positive by enzyme immunoassay (EIA) are considered adequate responders to vaccine and need only be tested for anti-HBs annually to verify their immune status. If anti-HBs drops below 10 SRUs by RIA or is negative by EIA, a booster dose of hepatitis B vaccine should be given.

D. Laboratory tests are subject to the normal coverage requirements. If the laboratory services are performed by a free-standing facility, be sure it meets the conditions of coverage for independent laboratories.

- Transmittal Information

Transmittal Number
101

Revision History

10/1991 - Included hemoglobin as routinely covered test for CRD patient. Effective date 11/12/1991. (TN 53)

02/1997 - Eliminated certain tests from list of separately billable lab tests that are covered routinely without documentation of medical necessity. Effective date 07/01/1997. (TN 91)

06/1997 - Clarified existing policy that Medicare will only pay separately for tests in excess of number included in computation of composite payment rate. Effective date 10/01/1997. (TN 101)