



DATE: February 22, 2012

RE: **Local Coverage Determination (LCD) for Flow Cytometry in Texas**

An LCD is a “local coverage determination” which CMS (Centers for Medicare and Medicaid Services) requires fiscal intermediaries, MAC contractors, and carriers to issue when they have local guidelines directing how to bill for certain services. LCDs also designate diagnosis codes felt to justify medical necessity for services, establishes billing guidelines, and includes limits on frequency and patient eligibility. LCD #L26812 for **Flow Cytometry Services** has been revised by TrailBlazer Health Enterprises to reflect diagnoses and their respective new codes effective 10/1/2011 for the state of Texas.

As proper code assignment is based on the final pathologic diagnosis on the case, APS Medical Billing has processes to review the report for documentation that will appropriately allow the coding of a diagnosis code that is on the approved list. We look to begin providing feedback to clients whose documentation and/or ICD-9 codes do not meet the guidelines of this LCD.

LCD L26812 for codes 88182 – 88189 Flow Cytometry

This LCD includes a list of diagnosis codes felt to support medical necessity for reimbursement for this service. The list of codes pertains largely to neoplasms, conditions of the endocrine, nutritional and metabolic systems and diseases of the blood and blood-forming organs. This list is attached and provided as a courtesy to our clients so they are aware of the degree of specificity needed in documenting a final diagnosis.

Should you have any questions, please contact Tom Scheanwald, or Jan Toczynski or Holly Wolford in our Coding department. They can be reached at 800-288-8325.