

Creatinine Lab Test

| Description | Laboratory test, performed on a blood or urine sample, ordered by the referring provider to evaluate kidney function. | | | | |
|-------------------|---|------|-------------|----------|--------------------------|
| See also | <p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">• Non-Standard Laboratory Tests - In order to be eligible for coverage, laboratory tests need to meet Medica’s definition of a standard laboratory test or panel.• Phlebotomy - A general term to describe any drawing of blood from a vein for a laboratory test or other purpose. | | | | |
| Table of Contents | <p>The following topics are included in this document:</p> <ul style="list-style-type: none">• Commercial• Government Programs• Individual and Family Business (IFB) | | | | |
| Document history | <p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>12.18.23</td><td>Updated to new template.</td></tr></table> | Date | Description | 12.18.23 | Updated to new template. |
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Commercial

| Introduction | <p>This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.</p> | | | | | | |
|---------------------------|---|------|-------------|---------|--------------------|----------|--------------------------|
| Benefits (all except MMP) | <p>Quote laboratory benefits. When done in a facility, also quote facility benefits.</p> <ul style="list-style-type: none">• This test may be covered as preventive for members who are at high risk of HIV, per the U.S. Preventive Services Task Force (USPSTF) guidelines. | | | | | | |
| Mayo Medical Plan (MMP) | <p>Quote laboratory benefits. When done in a facility, also quote facility benefits.</p> <ul style="list-style-type: none">• This test may be covered as preventive for members who are at high risk of HIV, per the U.S. Preventive Services Task Force (USPSTF) guidelines. | | | | | | |
| Document history | <p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>3.29.24</td><td>Added USPSTF note.</td></tr><tr><td>12.18.23</td><td>Updated to new template.</td></tr></table> | Date | Description | 3.29.24 | Added USPSTF note. | 12.18.23 | Updated to new template. |
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Government Programs

| Introduction | This section applies to all Medicaid and Medicare products. | | | | | | |
|--|--|------|-------------|---------|--------------------|----------|--------------------------|
| AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+) | Medicaid only groups : <ul style="list-style-type: none">Refer to Medicaid below. Medicare eligible groups : <ul style="list-style-type: none">Quote diagnostic services.This test may be covered as preventive for members who are at high risk of HIV, per the U.S. Preventive Services Task Force (USPSTF) guidelines.Follows Medicare guidelines.Medicare is the primary payer.If no Medicare eligibility, Medicaid applies. Refer to Medicaid below. | | | | | | |
| AccessAbility Enhanced (I-SNBC), DUAL (MSHO) | Quote outpatient diagnostic tests and therapeutic services and supplies. <ul style="list-style-type: none">This test may be covered as preventive for members who are at high risk of HIV, per the U.S. Preventive Services Task Force (USPSTF) guidelines.Medica is the only payer. | | | | | | |
| Cost (Prime) | Quote outpatient diagnostic tests and therapeutic services and supplies. <ul style="list-style-type: none">This test may be covered as preventive for members who are at high risk of HIV, per the U.S. Preventive Services Task Force (USPSTF) guidelines.Follows Medicare guidelines. | | | | | | |
| Med Advantage | Quote outpatient diagnostic tests and therapeutic services and supplies. <ul style="list-style-type: none">This test may be covered as preventive for members who are at high risk of HIV, per the U.S. Preventive Services Task Force (USPSTF) guidelines.Medica is the only payer. | | | | | | |
| Med Supp (Select, Signature) | Quote laboratory benefits. <ul style="list-style-type: none">This test may be covered as preventive for members who are at high risk of HIV, per the U.S. Preventive Services Task Force (USPSTF) guidelines.Follows Medicare guidelines.Medicare supplement.Medicare is the primary payer. | | | | | | |
| Medicaid | Quote diagnostic services. When done in a facility, also quote facility benefits. <ul style="list-style-type: none">This test may be covered as preventive for members who are at high risk of HIV, per the U.S. Preventive Services Task Force (USPSTF) guidelines. | | | | | | |
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Individual and Family Business (IFB)

| Introduction | <p>This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.</p> | | | | | | |
|------------------|---|------|-------------|---------|--------------------|----------|--------------------------|
| Benefits | <p>Quote laboratory benefits. When done in a facility, also quote facility benefits.</p> <ul style="list-style-type: none">This test may be covered as preventive for members who are at high risk of HIV, per the U.S. Preventive Services Task Force (USPSTF) guidelines. | | | | | | |
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