

# NanoEnTek

## 2019 FDA Cleared Assays



### Testo

#### Testosterone

Identifies and Monitors hypogonadism and hypergonadism in Men and Women

**CPT Code: 84403**

**Reimbursement: \$28.68**

#### Target:

**Urology, FP, IM, GP, Men's Health, Low T Centers, Women's Health, OB/GYN, Pain Clinics**

#### **Frequency:**

- Test **1 time** a year for Healthy Patients unless there is a change in the patient's medical condition.
- Test up to **4 times** a year for elevated scores, or when patients undergoing Testosterone therapy replacement (TTR)



### Vit. D

#### Vitamin D (Total 25-Hydroxyvitamin)

Determine **Vitamin D** deficiency. May result from inadequate exposure to sunlight; malabsorption; accelerated catabolism from certain medications

**CPT Code: 82306**

**Reimbursement: \$32.89**

(Not reimbursed until patient is determined deficient or toxic)

#### Target:

**FP, IM, GP, Endocrinologist, Women's Health, OB/GYN Rheumatology, Cardiology, Cancer Treatment Centers**

#### **Frequency:**

- Vitamin D may be tested up to four times per year for Vitamin D deficiencies (268.0-268.9)
- If Vitamin D level <20 ng/dl or > 60 ng/dl, a subsequent level(s) may be reimbursed until the level is within the normal range, and may be tested once every 24 hours.



### PSA

#### Prostate Specific Antigen

Helps identify possible Prostate Cancer/Monitor Cancer Therapy

**CPT Code: 84153**

**Reimbursement: \$20.44**

#### Target:

**Urology, FP, IM, GP, Men's Health, Testosterone Centers**

#### **Frequency:**

- Test **1 time** a year for Healthy Patients unless there is a change in the patient's medical condition.
- Test up to **4 times** a year for elevated scores, or when patients undergoing Testosterone therapy replacement (TTR)



### TSH

#### Thyroid Stimulating Hormone

Determine Hypo-Hyperthyroidism. Presents weight gain/loss, hair loss

**CPT Code: 84443**

**Reimbursement: \$18.68**

#### Target:

**FP, IM, GP, Endocrinologist, Women's Health, OB/GYN Emergicenters**

#### **Frequency:**

- Up to **2 times a year for clinically stable patients**
- More frequent when may be reasonable and necessary for patients whose thyroid therapy has been altered or in whom symptoms or signs of hyperthyroidism/hypothyroidism are noted.\*

\* ASSOCIATED CPT®/HCPCS CODES (LAB NCDs ONLY)



### fT4

#### Free T4

Additional determination for thyroid

**CPT Code: 84439**

**Reimbursement: \$10.82**