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Shands

Medical Laboratories

Medical Necessity Reference Guide

Shands at UF

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Notice to Physicians

To: Physician Offices and Clinics
From: Kenneth Rand, M.D., Clinical Laboratories Medical Director
Kathy Gordon, MBA, Laboratory Director
Date: 3/9/09

Shands HealthCare Laboratories are committed to providing excellent laboratory services to you and your patients. In an effort to comply with federal laws and regulations, Shands Healthcare Clinical Laboratories adopted a Clinical Laboratory Compliance Program as recommended by the Office of Inspector General (OIG). The OIG Compliance Program Guidance for Clinical Laboratories recommends that hospital laboratories provide annual notification to their clients on pertinent topics. Please take the time to review the following information.

LABORATORY ORDER FORMS

In order to provide excellent patient care we must receive a complete laboratory order form with the laboratory specimen. Laboratory order forms must be legible as laboratory clerks transcribe them.

The order form **must** contain the following information or the laboratory may be unable to process the specimen properly and in a timely manner:

- Patient Demographics; patient's full name, home address, phone number, and date of birth (DOB).
- Patient Medical Record number, if patient has a record in our Shands Healthcare systems.
- Signs, Symptoms, Diagnosis or ICD9 codes that relate directly to the reason the test(s) are being ordered.
- Insurance and/or Medicare Information.
- Attending name, ID number, and address along with the ordering physician signature are required.
- RNs, PAs, ARNPs, and Residents cannot order without the Attending signature.
- Specimen collection information, date and time.

For your convenience, Shands Medical Laboratories provides laboratory requisitions preprinted with your clinic or office information and they contain ample space for all patient demographics. Shands or Faculty Group Practice clinics can also order Outpatient Laboratory order forms from the Owens & Minor internal inventory. If you use any other form to submit laboratory orders, please take the time to add *all* of the necessary information listed above.

Please be advised that if you do not provide all required diagnosis codes or patient information, laboratory staff may contact you for clarification or information which may or may not delay your patient's care.

MEDICAL NECESSITY FOR OUTPATIENT TESTING

Medicare will only pay for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. The physician is responsible for ordering medically appropriate tests with the corresponding supporting diagnostic or medical necessity information. Please ensure that the test(s) you order meet medical necessity. You can refer to the following web sites for the most current national and local Medicare review policies,

Centers for Medicare and Medicaid Services, www.cms.hhs.gov

Florida Medicare Provider Web site via First Coast Service Options, <http://medicare.fcso.com/>

The Shands Medical Laboratory Medical Necessity Reference Guide is available online at <http://shands.org/professionals/labs/>

ICD-9-CM

You must provide complete diagnosis information for each test you have ordered. The ICD-9 code(s) are necessary for proper billing. We prefer that you provide the complete ICD-9 code (s) with 4th and 5th digits for the highest level of specificity, as pertinent. If a narrative reason is submitted instead, please provide enough detail so it can be coded to the highest level of specificity for ICD-9 coding.

ADVANCED BENEFICIARY NOTICE (ABN) FOR OUTPATIENTS

A Medicare beneficiary must be informed when a test does not meet medical necessity, as he/she will be responsible for payment. This is accomplished via issuing an ABN. The ABN must be discussed with and signed by the patient *before* the service is provided to allow enough time for the patient to make an informed decision about the test(s) ordered. In the event that an ABN was issued, it *must* accompany the lab requisition form.

MEDICARE LABORATORY FEE SCHEDULE

Medicare reimburses laboratory services based upon their published fee schedule. The Medicare laboratory fee schedule can be found at <http://www.cms.hhs.gov/ClinicalLabFeeSched/>. Medicaid reimbursement for laboratory services is equal to or less than the amount of Medicare reimbursement.

ORGAN OR DISEASE RELATED PANELS

Organ or Disease Related Panels should be ordered only if *all* components are medically necessary. Otherwise, please order the individual components only as appropriate.

CLINICAL CONSULTANTS CONTACT INFORMATION

Shands Healthcare Clinical Laboratory Medical Directors are available to assist you with laboratory testing questions, including ordering and interpretation.

For *Core Laboratory (Chemistry, Hematology, and Coagulations)* contact Dr. Neil Harris at 265-0680 ext.4-4717

For *Microbiology/Virology* contact Dr. Kenneth Rand at 265-0680 ext.4-4875

For *Blood Bank* contact Dr. Tisha Netzel at 392-2700

For *Transplant Laboratory* contact Dr. Juan Scornik at 265-0680 ext. 7-2030

For *Hematopathology* contact Dr. Ying Li at 265-0680 ext.7-2052

For *Cytology* contact Dr. Nicole Massoll at 265-0680 ext.4-4934

For *Histology* contact Dr. Vladimir Vincek at 265-0680 ext. 7-2026

Thank you for taking the time to review these important topics. Please feel free to contact Shands Medical Laboratories Customer Service office at (352) 265-0522 if you have any questions.

MEDICAL NECESSITY

Tests submitted for Medicare reimbursement will only be paid if they meet Medicare coverage criteria. The tests must be reasonable and necessary to treat or diagnose an individual patient as defined by Medicare. The physician is responsible for ordering medically appropriate tests with the supporting diagnostic information. Please insure that the tests you order meet medical necessity.

This manual contains a list of tests that must be checked for medical necessity, please refer to Appendix ___ for our complete list. There are various software that allow you to do this, such as Omega and Code Correct, but you can also use the following websites,

Centers for Medicare and Medicaid Services, www.cms.hhs.gov

Florida Medicare Provider Web site via First Coast Service Options, <http://medicare.fcso.com/>

If you do not have access to a computer, we have made this book available to you, but please be aware that these lists change all the time and that even though we will make every effort to update this book for you, you may not have the most current version.

If your diagnosis is not on the list of covered ICD-9 codes, the Medicare beneficiary must be informed that the test does not meet medical necessity, as he/she will be responsible for payment. This is accomplished via issuing an Advance Beneficiary Notice (ABN). An official ABN can be printed from the Centers for Medicare and Medicaid Services website. The ABN must be discussed before the service is provided, allowing enough time for a patient to make an informed decision about the test. In the event that an ABN is issued, it must accompany the lab requisition form.

ANNUAL DISTRIBUTION OF REVIEW POLICIES

Local and National Review Policies will be distributed with our Annual Notice to Physicians. Please be aware that policies can be updated at any time. While Shands will make every attempt to provide you with current updates to this reference manual, it does not take responsibility for the accuracy of the CPT, HCPCS, or ICD-9-CM codes included in this manual. Please refer to the appropriate website for the most current list throughout the year.

National Coverage Determination (NCD), www.cms.hhs.gov/mcd/index_section.asp?ncd_sections=40

Local Coverage Determination (LCD), <http://medicare.fcso.com/> look for links under Popular Links area

NATIONAL VS LOCAL COVERAGE DETERMINATIONS

In the event that a test has an NCD and LCD, the National Coverage Determination always supersedes Local Coverage Determination. The LCD may be written to further clarify or define national coverage policy but cannot be more or less restrictive.

LABORATORY ORDER FORM

In order to provide excellent patient care we must receive a complete laboratory order form with the laboratory specimen. The order form **must** contain the following information or the laboratory may be unable to process the specimen properly and in a timely manner,

1. Patient Demographics
 - a. Patient's full name
 - b. Patient's home address
 - c. Patient's phone number
 - d. Patient's date of birth (DOB)
2. Insurance and/or Medicare Information
3. Ordering practitioner name, address, and phone number
4. Physician's signature
5. ICD-9 (diagnosis) codes
6. Specimen collection information, date and time

For your convenience, Shands Medical Laboratories provides laboratory requisitions preprinted with your clinic or office information and they contain ample space for all patient demographics. Shands or Faculty Group Practice clinics can also order Outpatient Laboratory order forms from the Owens & Minor internal inventory. If you use any other form to submit laboratory orders, please take the time to add *all* of the necessary information listed above.

List of Shands Medical Laboratory Tests That Require Medical Necessity Check

(Note: This is a basic list of frequently ordered lab tests. There may be additional tests not listed here that also require Medical Necessity checking.)

| Test Name | CPT Code |
|--|-----------------|
| ALPHA-FETOPROTEIN (AFP) | 82105 |
| BNP | 83880 |
| CALCIUM, IONIZED | 82330 |
| CALCIUM, TOTAL | 82310 |
| CARCINOEMBRYONIC ANTIGEN (CEA) | 82378 |
| CBC | 85027 |
| CBC W/DIFF | 85025 |
| CHOLESTEROL | 82465 |
| COLLAGEN CROSSLINKS | 82523 |
| CREATINE KINASE (CK), (CPK); TOTAL | 82550 |
| CREATINE KINASE (CK), (CPK); ISOENZYMES | 82552 |
| CREATINE KINASE (CK), (CPK); MB FRACTION ONLY | 82553 |
| CREATINE KINASE (CK), (CPK); ISOFORMS | 82554 |
| DIGOXIN | 80162 |
| FECAL OCCULT BLOOD TEST (FOBT) | 82272 |
| FERRITIN | 82728 |
| GAMMA GLUTAMYL TRANSFERASE (GGT) | 82977 |
| GLUCOSE (BLOOD) TESTING | 82947 |
| GLYCATED PROTEIN | 82985 |
| HDL CHOLESTEROL | 83718 |
| HEMATOCRIT | 85014 |
| HEMOGLOBIN | 85018 |
| HEMOGLOBIN A1C | 83036 |
| HEP B SURFACE AB | 86706 |
| HEP B SURFACE AG | 87340 |
| HEPATITIS C ANTIBODY; | 86803 |
| HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG, IMMUNOBLOT) | 86804 |
| HEPATITIS PANEL | 80074 |
| HUMAN CHORIONIC GONADOTROPIN (HCG) | 84702 |
| HIV AB 1 AND 2 SINGLE ASSAY | 86703 |
| HIV SUDS | 86701 |
| HIV ANTIGEN | 87390 |
| HIV DNA BY PCR | 87535 |
| HIV -1 RNA PCR QUANTIFICATION | 87536 |
| IRON | 83540 |
| LIPID PANEL | 80061 |
| MAGNESIUM | 83735 |
| PARATHYROID HORMONE (PTH) | 83970 |
| PARTIAL THROMBOPLASTIN TIME (PTT) | 85730 |
| PHOSPHORUS, SERUM | 84100 |
| PROSTATE SPECIFIC ANTIGEN (PSA) , TOTAL | 84153 |
| PROSTATE SPECIFIC ANTIGEN (PSA). SCREENING | G0103 |
| PROTHROMBIN TIME (PT) | 85610 |
| SED RATE-AUTOMATED | 85652 |
| SED RATE-MANUAL | 85651 |
| T3 UPTAKE | 84479 |
| T4 FREE | 84439 |
| THYROXINE, T4 | 84436 |
| TRANSFERRIN | 84466 |
| TRIGLYCERIDE | 84478 |
| TSH | 84443 |
| TUMOR ANTIGEN BY IMMUNOASSAY - CA 125 | 86304 |
| TUMOR ANTIGEN BY IMMUNOASSAY - CA 15-3/CA 27.29 | 86300 |
| TUMOR ANTIGEN BY IMMUNOASSAY - CA 19-9 | 86301 |
| URINE CULTURE, BACTERIAL | 87088 |

| | |
|------------------------|---------------------------------------|
| ID | 186133 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0014 |
| Subject | Alpha-fetoprotein |

CPT/HCPCS Codes

82105 ALPHA-FETOPROTEIN; SERUM

ICD-9 Codes Covered

| | |
|-----------------|--|
| 070.22 - 070.23 | CHRONIC VIRAL HEPATITIS B WITH HEPATIC COMA WITHOUT HEPATITIS DELTA |
| 070.32 - 070.33 | CHRONIC VIRAL HEPATITIS B WITHOUT HEPATIC COMA WITHOUT HEPATITIS DELTA |
| 070.44 | CHRONIC HEPATITIS C WITH HEPATIC COMA |
| 070.54 | CHRONIC HEPATITIS C WITHOUT HEPATIC COMA |
| 095.3 | SYPHILIS OF LIVER |
| 121.1 | CLONORCHIASIS |
| 121.3 | FASCIOLIASIS |
| 155.0 - 155.2 | MALIGNANT NEOPLASM OF LIVER PRIMARY |
| 164.2 - 164.9 | MALIGNANT NEOPLASM OF ANTERIOR MEDIASTINUM |
| 183.0 | MALIGNANT NEOPLASM OF OVARY |
| 186.0 | MALIGNANT NEOPLASM OF UNDESCENDED TESTIS |
| 186.9 | MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED TESTIS |
| 197.1 | SECONDARY MALIGNANT NEOPLASM OF MEDIASTINUM |
| 197.7 | MALIGNANT NEOPLASM OF LIVER SECONDARY |
| 198.6 | SECONDARY MALIGNANT NEOPLASM OF OVARY |
| 198.82 | SECONDARY MALIGNANT NEOPLASM OF GENITAL ORGANS |
| 211.5 | BENIGN NEOPLASM OF LIVER AND BILIARY PASSAGES |
| 235.3 | NEOPLASM OF UNCERTAIN BEHAVIOR OF LIVER AND BILIARY PASSAGES |
| 272.2 | MIXED HYPERLIPIDEMIA |
| 273.4 | ALPHA-1-ANTITRYPSIN DEFICIENCY |
| 275.0 | DISORDERS OF IRON METABOLISM |
| 275.1 | DISORDERS OF COPPER METABOLISM |
| 277.00 | CYSTIC FIBROSIS WITHOUT MECONIUM ILEUS |
| 277.03 | CYSTIC FIBROSIS WITH GASTROINTESTINAL MANIFESTATIONS |
| 277.6 | OTHER DEFICIENCIES OF CIRCULATING ENZYMES |
| 285.0 | SIDEROBLASTIC ANEMIA |
| 209.20 | MALIGNANT CARCINOID TUMOR OF UNKNOWN PRIMARY SITE |
| 209.21 | MALIGNANT CARCINOID TUMOR OF THE BRONCHUS AND LUNG |
| 209.22 | MALIGNANT CARCINOID TUMOR OF THE THYMUS |
| 209.23 | MALIGNANT CARCINOID TUMOR OF THE STOMACH |
| 209.24 | MALIGNANT CARCINOID TUMOR OF THE KIDNEY |
| 209.25 | MALIGNANT CARCINOID TUMOR OF THE FOREGUT NOS |
| 209.26 | MALIGNANT CARCINOID TUMOR OF THE MIDGUT NOS |
| 209.27 | MALIGNANT CARCINOID TUMOR OF THE HINDGUT NOS |
| 209.29 | MALIGNANT CARCINOID TUMOR OF OTHER SITES |
| 338.3 | NEOPLASM RELATED PAIN (ACUTE) (CHRONIC) |
| 571.2 | ALCOHOLIC CIRRHOSIS OF LIVER |
| 571.40 | CHRONIC HEPATITIS UNSPECIFIED |
| 571.41 | CHRONIC PERSISTENT HEPATITIS |
| 571.42 | AUTOIMMUNE HEPATITIS |
| 571.49 | OTHER CHRONIC HEPATITIS |

| | |
|--------|---|
| 571.5 | CIRRHOSIS OF LIVER WITHOUT ALCOHOL |
| 608.89 | OTHER SPECIFIED DISORDERS OF MALE GENITAL ORGANS |
| 793.1 | NONSPECIFIC ABNORMAL FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF LUNG FIELD |
| 793.2 | NONSPECIFIC ABNORMAL FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF OTHER INTRATHORACIC ORGANS |
| 793.3 | NONSPECIFIC ABNORMAL FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF BILIARY TRACT |
| 793.6 | NONSPECIFIC ABNORMAL FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF ABDOMINAL AREA INCLUDING RETROPERITONEUM |
| 795.89 | OTHER ABNORMAL TUMOR MARKERS |
| V10.07 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LIVER |
| V10.43 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY |
| V10.47 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TESTIS |
| V86.0 | ESTROGEN RECEPTOR POSITIVE STATUS [ER+] |
| V86.1 | ESTROGEN RECEPTOR NEGATIVE STATUS [ER-] |
| | |

| | |
|------------------------|---------------------------------------|
| ID | 186134 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Expiration Date | 03/31/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0004 |
| Subject | Blood Counts |

CPT/HCPCS Codes

| | |
|-------|---|
| 85004 | BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT |
| 85007 | BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC COUNT |
| 85008 | BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITHOUT MANUAL DIFFERENTIAL WBC COUNT |
| 85013 | BLOOD COUNT; SPUN MICROHEMATOCRIT |
| 85014 | BLOOD COUNT; HEMATOCRIT (HCT) |
| 85018 | BLOOD COUNT; HEMOGLOBIN (HGB) |
| 85025 | BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT |
| 85027 | BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) |
| 85032 | BLOOD COUNT; MANUAL CELL COUNT (ERYTHROCYTE, LEUKOCYTE, OR PLATELET) EACH |
| 85048 | BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED |
| 85049 | BLOOD COUNT; PLATELET, AUTOMATED |

ICD-9 Codes NOT Covered

NOTE: THESE ARE ICD-9 CODES NOT COVERED BY MEDICAL NECESSITY

| ICD-9 Codes That <i>DO NOT</i> Support Medical Necessity | |
|---|---|
| 078.10 - 078.19 | Viral warts |
| 210.0 - 210.9 | Benign neoplasm of lip, oral cavity, and pharynx |
| 214.0 | Lipoma, skin and subcutaneous tissue of face |
| 216.0 - 216.9 | Benign neoplasm of skin |
| 217 | Benign neoplasm of breast |
| 222.0 - 222.9 | Benign neoplasm of male genital organs |
| 224.0 | Benign neoplasm of eyeball, except conjunctiva, cornea, retina, and choroid |
| 230.0 | Carcinoma in situ of lip, oral cavity and pharynx |
| 232.0 - 232.9 | Carcinoma in situ of skin |
| 300.00 - 300.09 | Neurotic disorders |
| 301.0 - 301.9 | Personality disorders |
| 302.0 - 302.9 | Sexual deviations and disorders |
| 307.0 | Stammering and stuttering |
| 307.20 - 307.23 | Tics |
| 307.3 | Stereotyped repetitive movements |
| 307.80 - 307.89 | Psychalgia |
| 312.00 - 312.9 | Disturbance of conduct, not elsewhere classified |
| 313.0 - 313.9 | Disturbance of emotions specific to childhood and adolescence |
| 314.00 - 314.9 | Hyperkinetic syndrome of childhood |
| 338.0 | Central pain syndrome |
| 338.11 | Acute pain due to trauma |
| 338.12 | Acute post-thoracotomy pain |

| | |
|-----------------|--|
| 338.18 | Other acute postoperative pain |
| 338.19 | Other acute pain |
| 338.21 | Chronic pain due to trauma |
| 338.22 | Chronic post-thoracotomy pain |
| 338.28 | Other chronic postoperative pain |
| 338.29 | Other chronic pain |
| 338.4 | Chronic pain syndrome |
| 363.30 - 363.35 | Chorioretinal scars |
| 363.40 - 363.43 | Choroidal degeneration |
| 363.50 - 363.57 | Hereditary choroidal dystrophies |
| 363.70 - 363.9 | Choroidal detachment |
| 366.00 - 366.9 | Cataract |
| 367.0 - 367.9 | Disorders of refraction and accommodation |
| 371.00 - 371.9 | Corneal opacity and other disorders of cornea |
| 373.00 - 373.9 | Inflammation of eyelids |
| 375.00 - 375.9 | Disorders of lacrimal system |
| 376.21 - 376.9 | Disorders of the orbit, except 376.3; Other exophthalmic conditions |
| 377.10 - 377.16 | Optic atrophy |
| 377.21 - 377.24 | Other disorders of optic disc |
| 384.20 - 384.25 | Perforation of tympanic membrane |
| 384.81 - 384.82 | Other specified disorders of tympanic membrane |
| 385.00 - 385.9 | Other disorders of middle ear and mastoid |
| 387.0 - 387.9 | Otosclerosis |
| 388.00 - 388.5 | Other disorders of ear |
| 389.00 - 389.9 | Hearing loss |
| 440.0 - 440.1 | Atherosclerosis of aorta and renal artery |
| 443.81 - 443.9 | Other and unspecified peripheral vascular disease |
| 448.1 | Capillary nevus, non neoplastic |
| 457.0 | Postmastectomy lymphedema syndrome |
| 470 | Deviated nasal septum |
| 471.0 - 471.9 | Nasal polyps |
| 478.0 | Hypertrophy of nasal turbinates |
| 478.11 | Nasal mucositis (ulcerative) |
| 478.19 | Other disease of nasal cavity and sinuses |
| 478.4 | Polyp of vocal cord or larynx |
| 520.0 - 520.9 | Disorders of tooth development and eruption |
| 521.00 - 521.9 | Diseases of hard tissues of teeth |
| 524.00 - 524.9 | Dentofacial anomalies, including malocclusion |
| 525.0 - 525.9 | Other diseases and conditions of teeth and supporting structures |
| 526.0 - 526.3 | Diseases of the jaws |
| 526.61 | Perforation of root canal space |
| 526.62 | Endodontic overfill |
| 526.63 | Endodontic underfill |
| 526.69 | Other periradicular pathology associated with previous endodontic treatment |
| 527.6-527.9 | Diseases of salivary glands |
| 575.6 | Cholesterosis of gallbladder |
| 600.00 | Hypertrophy (benign) of prostate without urinary obstruction; Hypertrophy (benign) of prostate NOS |
| 600.01 | Hypertrophy (benign) of prostate with urinary obstruction; Hypertrophy (benign) of prostate with urinary retention |
| 600.10 | Nodular prostate without urinary obstruction; Nodular prostate NOS |
| 600.11 | Nodular prostate with urinary obstruction; Nodular prostate with urinary retention |
| 600.20 | Benign localized hyperplasia of prostate without urinary obstruction; Benign localized hyperplasia of prostate NOS |
| 600.21 | Benign localized hyperplasia of prostate with urinary obstruction; Benign localized hyperplasia of prostate with urinary retention |
| 600.90 | Hyperplasia of prostate, unspecified, without urinary obstruction; Hyperplasia of prostate NOS |

| | |
|-----------------|--|
| 600.91 | Hyperplasia of prostate, unspecified, with urinary obstruction; Hyperplasia of prostate, unspecified, with urinary retention |
| 603.0 | Encysted hydrocele |
| 603.8 | Other specified types of hydrocele |
| 603.9 | Hydrocele, unspecified |
| 605 | Redundant prepuce and phimosis |
| 606.0 - 606.1 | Infertility, male azoospermia and oligospermia |
| 608.1 | Spermatocele |
| 608.20 | Torsion of testis, unspecified |
| 608.21 | Extravaginal torsion of spermatic cord |
| 608.22 | Intravaginal torsion of spermatic cord |
| 608.23 | Torsion of appendix testis |
| 608.24 | Torsion of appendix epididymis |
| 608.3 | Atrophy of testis |
| 610.0 - 610.9 | Benign mammary dysplasia |
| 611.1 - 611.6 | Other disorders of breast |
| 611.9 | Unspecified breast disorder |
| 616.2 | Cyst of Bartholin's gland |
| 618.0 - 618.9 | Genital prolapse |
| 620.0 - 620.3 | Noninflammatory disorders of ovary, fallopian tube, and broad ligament |
| 621.6 - 621.7 | Malposition or chronic inversion of uterus |
| 627.2 - 627.9 | Menopausal and post menopausal disorders |
| 628.0 - 628.9 | Infertility, female |
| 676.00 - 676.94 | Other disorders of breast associated with childbirth and disorders of lactation |
| 691.0 - 691.8 | Atopic dermatitis and related disorders |
| 692.0 - 692.9 | Contact dermatitis and other eczema |
| 700 | Corns and callosities |
| 701.0 - 701.9 | Other hypertrophic and atrophic conditions of skin |
| 702.0 - 702.8 | Other dermatoses |
| 703.9 | Unspecified disease of nail |
| 706.0 - 706.9 | Diseases of sebaceous glands |
| 709.00 - 709.4 | Other disorders of skin and subcutaneous tissue |
| 715.00 - 715.98 | Osteoarthritis |
| 716.00 - 716.99 | Other and unspecified arthropathies |
| 718.00 - 718.99 | Other derangement of joint |
| 726.0 - 726.91 | Peripheral enthesopathies and allied syndromes |
| 727.00 - 727.9 | Other disorders of synovium, tendon, and bursa |
| 728.10 - 728.85 | Disorders of muscle ligament and fascia |
| 732.0 - 732.9 | Osteochondropathies |
| 733.00 - 733.09 | Osteoporosis |
| 734 | Flat foot |
| 735.0 - 735.9 | Acquired deformities of toe |
| 736.00 - 736.9 | Other acquired deformities of limb |
| 737.0 - 737.9 | Curvature of spine |
| 738.0 - 738.9 | Other acquired deformity |
| 739.0 - 739.9 | Nonallopathic lesions, not elsewhere classified |
| 799.81 | Decreased libido |
| 830.0 - 839.9 | Dislocations |
| 840.0 - 848.9 | Sprains and strains of joints and adjacent muscles |
| 905.0 - 909.9 | Late effects of musculoskeletal and connective tissue injuries |
| 910.0 - 919.9 | Superficial injuries |
| 930.0 - 932 | Foreign body on external eye, in ear, in nose |
| 955.0 - 957.9 | Injury to peripheral nerve |
| V03.0 - V06.9 | Need for prophylactic vaccination |
| V11.0 - V11.9 | Personal history of mental disorder |
| V14.0 - V14.8 | Personal history of allergy to medicinal agents |
| V16.0 | Family history of malignant neoplasm, gastrointestinal tract |
| V16.3 | Family history of malignant neoplasm, breast |

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| V21.0 - V21.9 | Constitutional states in development |
| V25.01 - V25.9 | Encounter for contraceptive management |
| V26.0 - V26.9 | Procreative management |
| V40.0 - V40.9 | Mental and behavioral problems |
| V41.0 - V41.9 | Problems with special senses and other special functions |
| V43.0 - V43.1 | Organ or tissue replaced by other means, eye globe or lens |
| V44.0 - V44.9 | Artificial opening status |
| V45.00 - V45.89 | Other post surgical states |
| V48.0 - V48.9 | Problems with head, neck, and trunk |
| V49.0 - V49.9 | Other conditions influencing health status |
| V51.0 | Encounter for breast reconstruction following mastectomy |
| V51.8 | Other aftercare involving the use of plastic surgery |
| V52.0 - V52.9 | Fitting and adjustment of prosthetic device and implant |
| V53.01 - V53.09 | Fitting and adjustment of devices related to nervous system and special senses |
| V53.1 | Fitting and adjustment of spectacles and contact lenses |
| V53.31 - V53.39 | Fitting and adjustment of cardiac device |
| V53.4 | Fitting and adjustment of orthodontic devices |
| V53.5 | Fitting and adjustment of other intestinal appliance |
| V53.6 | Fitting and adjustment of urinary devices |
| V53.7 | Fitting and adjustment of orthopedic devices |
| V53.8 | Fitting and adjustment of wheelchair |
| V53.90 | Unspecified device |
| V53.91 | Fitting and adjustment of insulin pump Insulin pump titration |
| V53.99 | Other device |
| V54.01 - V54.09 | Other orthopedic aftercare |
| V54.10 - V54.17 | Aftercare for healing traumatic fracture |
| V54.19 | Aftercare for healing traumatic fracture of other bone |
| V54.20 - V54.27 | Aftercare for healing pathologic fracture |
| V54.29 | Aftercare for healing pathologic fracture of other bone |
| V54.81 | Aftercare following joint replacement |
| V54.89 | Other orthopedic aftercare |
| V55.0 - V55.9 | Attention to artificial openings |
| V57.0 - V57.9 | Care involving use of rehabilitation procedures |
| V58.5 | Orthodontics |
| V59.01 | Whole blood donors |
| V59.02 | Stem cell blood donors |
| V59.09 | Other blood donors |
| V59.1 - V59.9 | Donors |
| V61.01 - V61.9 | Other family circumstances |
| V62.21 - V62.9 | Other psychosocial circumstances |
| V65.2 | Person feigning illness |
| V65.3 | Dietary surveillance and counseling |
| V65.40 - V65.49 | Other counseling, not elsewhere classified |
| V65.5 | Person with feared complaint in whom no diagnosis was made |
| V65.8 | Other reasons for seeking consultation |
| V65.9 | Unspecified reason for consultation |
| V66.0 - V66.9 | Convalescence and palliative care |
| V67.3 | Follow-up examination following psychotherapy |
| V67.4 | Follow-up examination following treatment of healed fracture |
| V69.3 | Problems related to lifestyle, gambling and betting |
| V71.01 - V71.09 | Observation and evaluation for suspected conditions not found, mental |
| V72.0 - V72.2 | Special investigations, examination of eyes and vision, ears and hearing, dental |
| V72.40 - V72.7 | Special investigations, pregnancy exam, radiologic exam, laboratory exam, diagnostic skin and sensitization tests |
| V72.9 | Special investigation, unspecified |
| V76.10 - V76.19 | Special screening for malignant neoplasms, breast |
| V76.2 | Special screening for malignant neoplasms, cervix |
| V76.44 | Special screening for malignant neoplasms, prostate |

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| V76.51 | Special screening for malignant neoplasms, colon |
| V77.1 | Special screening for diabetes mellitus |
| V81.0 | Special screening for ischemic heart disease |
| V81.1 | Special screening for hypertension |
| V81.2 | Special screening for other and unspecified cardiovascular conditions |

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| ID | 186135 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0015 |
| Subject | Carcinoembryonic Antigen |

CPT/HCPCS Codes

82378 CARCINOEMBRYONIC ANTIGEN (CEA)

ICD-9 Codes Covered

| | |
|---------------|---|
| 150.0 - 150.9 | MALIGNANT NEOPLASM OF CERVICAL ESOPHAGUS |
| 151.0 - 151.9 | MALIGNANT NEOPLASM OF CARDIA |
| 152.0 - 154.8 | MALIGNANT NEOPLASM OF DUODENUM |
| 157.0 - 157.9 | MALIGNANT NEOPLASM OF HEAD OF PANCREAS |
| 159.0 | MALIGNANT NEOPLASM OF INTESTINAL TRACT PART UNSPECIFIED |
| 162.0 - 162.9 | MALIGNANT NEOPLASM OF TRACHEA |
| 174.0 - 174.9 | MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF FEMALE BREAST |
| 175.0 - 175.9 | MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF MALE BREAST |
| 183.0 | MALIGNANT NEOPLASM OF OVARY |
| 197.0 | SECONDARY MALIGNANT NEOPLASM OF LUNG |
| 197.4 | SECONDARY MALIGNANT NEOPLASM OF SMALL INTESTINE INCLUDING DUODENUM |
| 197.5 | SECONDARY MALIGNANT NEOPLASM OF LARGE INTESTINE AND RECTUM |
| 209.00 | MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION |
| 209.01 | MALIGNANT CARCINOID TUMOR OF THE DUODENUM |
| 209.02 | MALIGNANT CARCINOID TUMOR OF THE JEJUNUM |
| 209.03 | MALIGNANT CARCINOID TUMOR OF THE ILEUM |
| 209.10 | MALIGNANT CARCINOID TUMOR OF THE LARGE INTESTINE, UNSPECIFIED PORTION |
| 209.11 | MALIGNANT CARCINOID TUMOR OF THE APPENDIX |
| 209.12 | MALIGNANT CARCINOID TUMOR OF THE CECUM |
| 209.13 | MALIGNANT CARCINOID TUMOR OF THE ASCENDING COLON |
| 209.14 | MALIGNANT CARCINOID TUMOR OF THE TRANSVERSE COLON |
| 209.15 | MALIGNANT CARCINOID TUMOR OF THE DESCENDING COLON |
| 209.16 | MALIGNANT CARCINOID TUMOR OF THE SIGMOID COLON |
| 209.17 | MALIGNANT CARCINOID TUMOR OF THE RECTUM |
| 209.20 | MALIGNANT CARCINOID TUMOR OF UNKNOWN PRIMARY SITE |
| 209.21 | MALIGNANT CARCINOID TUMOR OF THE BRONCHUS AND LUNG |
| 209.22 | MALIGNANT CARCINOID TUMOR OF THE THYMUS |
| 209.23 | MALIGNANT CARCINOID TUMOR OF THE STOMACH |
| 209.24 | MALIGNANT CARCINOID TUMOR OF THE KIDNEY |
| 209.25 | MALIGNANT CARCINOID TUMOR OF THE FOREGUT NOS |
| 209.26 | MALIGNANT CARCINOID TUMOR OF THE MIDGUT NOS |
| 209.27 | MALIGNANT CARCINOID TUMOR OF THE HINDGUT NOS |
| 209.29 | MALIGNANT CARCINOID TUMOR OF OTHER SITES |
| 230.4 | CARCINOMA IN SITU OF RECTUM |
| 230.7 | CARCINOMA IN SITU OF OTHER AND UNSPECIFIED PARTS OF INTESTINE |
| 230.9 | CARCINOMA IN SITU OF OTHER AND UNSPECIFIED DIGESTIVE ORGANS |
| 235.2 | NEOPLASM OF UNCERTAIN BEHAVIOR OF STOMACH INTESTINES AND RECTUM |
| 338.3 | NEOPLASM RELATED PAIN (ACUTE) (CHRONIC) |
| 790.99 | OTHER ABNORMAL FINDINGS ON EXAMINATION OF BLOOD |
| 795.81 | ELEVATED CARCINOEMBRYONIC ANTIGEN [CEA] |

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| 795.89 | OTHER ABNORMAL TUMOR MARKERS |
| V10.00 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF UNSPECIFIED SITE IN GASTROINTESTINAL TRACT |
| V10.05 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE |
| V10.06 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF RECTUM RECTOSIGMOID JUNCTION AND ANUS |
| V10.11 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BRONCHUS AND LUNG |
| V10.3 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST |
| V10.43 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY |
| V67.2 | FOLLOW-UP EXAMINATION FOLLOWING CHEMOTHERAPY |

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| ID | 186136 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0008 |
| Subject | Collagen Crosslinks |

CPT/HCPCS Codes

82523 COLLAGEN CROSS LINKS, ANY METHOD

ICD-9 Codes Covered

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|--------------------|--|
| 242.00 - 242.91 | TOXIC DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM |
| 245.2 | CHRONIC LYMPHOCYTIC THYROIDITIS |
| 246.9 | UNSPECIFIED DISORDER OF THYROID |
| 252.00 | HYPERPARATHYROIDISM, UNSPECIFIED |
| 252.01 | PRIMARY HYPERPARATHYROIDISM |
| 252.02 | SECONDARY HYPERPARATHYROIDISM, NON-RENAL |
| 252.08 | OTHER HYPERPARATHYROIDISM |
| 256.2 | POSTABLATIVE OVARIAN FAILURE |
| 256.31 | PREMATURE MENOPAUSE |
| 256.39 | OTHER OVARIAN FAILURE |
| 256.8 | OTHER OVARIAN DYSFUNCTION |
| 256.9 | UNSPECIFIED OVARIAN DYSFUNCTION |
| 268.9 | UNSPECIFIED VITAMIN D DEFICIENCY |
| 269.3 | MINERAL DEFICIENCY NOT ELSEWHERE CLASSIFIED |
| 627.0 | PREMENOPAUSAL MENORRHAGIA |
| 627.1 | POSTMENOPAUSAL BLEEDING |
| 627.2 | SYMPTOMATIC MENOPAUSAL OR FEMALE CLIMACTERIC STATES |
| 627.4 | SYMPTOMATIC STATES ASSOCIATED WITH ARTIFICIAL MENOPAUSE |
| 627.8 | OTHER SPECIFIED MENOPAUSAL AND POSTMENOPAUSAL DISORDERS |
| 627.9 | UNSPECIFIED MENOPAUSAL AND POSTMENOPAUSAL DISORDER |
| 731.0 | OSTEITIS DEFORMANS WITHOUT BONE TUMOR |
| 733.00 - 733.09 | OSTEOPOROSIS UNSPECIFIED |
| 733.10 - 733.19 | PATHOLOGICAL FRACTURE UNSPECIFIED SITE |
| 733.90 | DISORDER OF BONE AND CARTILAGE UNSPECIFIED |
| 805.8 | CLOSED FRACTURE OF UNSPECIFIED PART OF VERTEBRAL COLUMN WITHOUT SPINAL CORD INJURY |
| V58.65 | LONG-TERM (CURRENT) USE OF STEROIDS |
| V58.69 | LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS |

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| ID | 186145 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0001 |
| Subject | Culture, Bacterial, Urine |

CPT/HCPCS Codes

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| 87086 | CULTURE, BACTERIAL; QUANTITATIVE COLONY COUNT, URINE |
| 87088 | CULTURE, BACTERIAL; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES, URINE |
| 87184 | SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; DISK METHOD, PER PLATE (12 OR FEWER AGENTS) |
| 87186 | SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICROWELL DILUTION OR AGAR DILUTION (MINIMUM INHIBITORY CONCENTRATION (MIC) OR BREAKPOINT), EACH MULTI-ANTIMICROBIAL, PER PLATE |

ICD-9 Codes Covered

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| 003.1 | SALMONELLA SEPTICEMIA |
| 038.0 | STREPTOCOCCAL SEPTICEMIA |
| 038.12 | METHICILLIN RESISTENT STAPHYLOCOCCUS AUREUS SEPTICEMIA |
| 038.2 - 038.9 | SEPTICEMIA |
| 276.2 | ACIDOSIS |
| 276.4 | MIXED ACID-BASE BALANCE DISORDER |
| 288.00 | NEUTROPENIA, UNSPECIFIED |
| 288.01 | CONGENITAL NEUTROPENIA |
| 288.02 | CYCLIC NEUTROPENIA |
| 288.03 | DRUG INDUCED NEUTROPENIA |
| 288.04 | NEUTROPENIA DUE TO INFECTION |
| 288.09 | OTHER NEUTROPENIA |
| 286.6 | DEFIBRINATION SYNDROME |
| 288.8 | OTHER SPECIFIED DISEASE OF WHITE BLOOD CELLS |
| 306.53 | PSYCHOGENIC DYSURIA |
| 306.59 | OTHER GENITOURINARY MALFUNCTION ARISING FROM MENTAL FACTORS |
| 518.82 | OTHER PULMONARY INSUFFICIENCY NOT ELSEWHERE CLASSIFIED |
| 570 | ACUTE AND SUBACUTE NECROSIS OF LIVER |
| 580.0 - 580.9 | ACUTE GLOMERULONEPHRITIS WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS |
| 583.0 - 583.9 | NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS |
| 585.6 | END STAGE RENAL DISEASE |
| 590.00 - 590.9 | CHRONIC PYELONEPHRITIS WITHOUT LESION OF RENAL MEDULLARY NECROSIS |
| 592.0 - 592.9 | CALCULUS OF KIDNEY |
| 593.0 - 593.9 | NEPHROPTOSIS |
| 594.0 - 594.9 | CALCULUS IN DIVERTICULUM OF BLADDER |
| 595.0 - 595.9 | ACUTE CYSTITIS |
| 597.0 | URETHRAL ABSCESS |
| 597.80 - 597.89 | URETHRITIS UNSPECIFIED |
| 598.00 - 598.01 | URETHRAL STRUCTURE DUE TO UNSPECIFIED INFECTION |
| 599.0 | URINARY TRACT INFECTION SITE NOT SPECIFIED |
| 599.70 | HEMATURIA, UNSPECIFIED |
| 599.71 | GROSS HEMATURIA |
| 599.72 | MICROSCOPIC HEMATURIA |

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| 600.00 - 600.90 | HYPERTROPHY (BENIGN) OF PROSTATE WITHOUT URINARY OBSTRUCTION |
| 600.91 | HYPERPLASIA OF PROSTATE UNSPECIFIED WITH URINARY OBSTRUCTION |
| 601.0 - 601.9 | ACUTE PROSTATITIS |
| 602.0 - 602.9 | CALCULUS OF PROSTATE |
| 604.0 - 604.99 | ORCHITIS EPIDIDYMITIS AND EPIDIDYMO-ORCHITIS WITH ABSCESS |
| 608.0 - 608.9 | SEMINAL VESICULITIS |
| 614.0 - 614.9 | ACUTE SALPINGITIS AND OOPHORITIS |
| 615.0 - 615.9 | ACUTE INFLAMMATORY DISEASES OF UTERUS EXCEPT CERVIX |
| 616.0 | CERVICITIS AND ENDOCERVICITIS |
| 616.10 - 616.11 | VAGINITIS AND VULVOVAGINITIS UNSPECIFIED |
| 616.2 - 616.9 | CYST OF BARTHOLIN'S GLAND |
| 619.0 - 619.9 | URINARY-GENITAL TRACT FISTULA FEMALE |
| 625.6 | STRESS INCONTINENCE FEMALE |
| 639.0 | GENITAL TRACT AND PELVIC INFECTION FOLLOWING ABORTION OR ECTOPIC AND MOLAR PREGNANCIES |
| 639.5 | SHOCK FOLLOWING ABORTION OR ECTOPIC AND MOLAR PREGNANCIES |
| 646.60 - 646.64 | INFECTIONS OF GENITOURINARY TRACT IN PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE |
| 670.00 - 670.04 | MAJOR PUERPERAL INFECTION UNSPECIFIED AS TO EPISODE OF CARE |
| 672.00 - 672.04 | PUERPERAL PYREXIA OF UNKNOWN ORIGIN UNSPECIFIED AS TO EPISODE OF CARE |
| 724.5 | BACKACHE UNSPECIFIED |
| 771.81 - 771.83 | SEPTICEMIA [SEPSIS] OF NEWBORN |
| 780.02 | TRANSIENT ALTERATION OF AWARENESS |
| 780.60 | FEVER, UNSPECIFIED |
| 780.61 | FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE |
| 780.62 | POSTPROCEDURE FEVER |
| 780.63 | POSTVACINATION FEVER |
| 780.64 | CHILLS (WITHOUT FEVER) |
| 780.65 | HYPOTHERMIA NOT ASSOCIATED WITH LOW ENVIRONMENTAL TEMPERATURE |
| 780.79 | OTHER MALAISE AND FATIGUE |
| 780.93 | MEMORY LOSS |
| 780.94 | EARLY SATIETY |
| 780.96 | GENERALIZED PAIN |
| 780.97 | ALTERED MENTAL STATUS |
| 780.99 | OTHER GENERAL SYMPTOMS |
| 785.0 | TACHYCARDIA UNSPECIFIED |
| 785.50 - 785.59 | SHOCK UNSPECIFIED |
| 788.0 - 788.8 | RENAL COLIC |
| 788.91 | FUNCTIONAL URINARY INCONTINENCE |
| 788.99 | OTHER SYMPTOMS INVOLVING URINARY SYSTEM |
| 789.00 - 789.09 | ABDOMINAL PAIN UNSPECIFIED SITE |
| 789.60 - 789.69 | ABDOMINAL TENDERNESS UNSPECIFIED SITE |
| 790.7 | BACTEREMIA |
| 791.0-791.9 | NONSPECIFIC FINDINGS ON EXAMINATION OF URINE (PROTEINURIA, CHYLURIA, HEMOGLOBINURIA, MYOGLOBINURIA, BILIURIA, GLYCOSURIA, ACETONURIA, OTHER CELLS AND CASTS IN URINE, OTHER NONSPECIFIC FINDINGS ON EXAMINATION OF URINE) |
| 799.3 | DEBILITY, UNSPECIFIED (ONLY FOR DECLINING FUNCTIONAL STATUS) |
| 939.0 | FOREIGN BODY IN GENITOURINARY TRACT, BLADDER AND URETHRA |
| 939.3 | FOREIGN BODY IN GENITOURINARY TRACT, PENIS |
| V44.50-V44.6 | ARTIFICIAL CYSTOSTOMY OR OTHER ARTIFICIAL OPENING OF URINARY TRACT STATUS |
| V55.5-V55.6 | ATTENTION TO CYSTOSTOMY OR OTHER ARTIFICIAL OPENING OF URINARY TRACT |
| V58.69 | LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS |

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| ID | 186138 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0013 |
| Subject | Digoxin Therapeutic Drug Assay |

CPT/HCPCS Codes

80162 DIGOXIN

ICD-9 Codes Covered

| | |
|-----------------|---|
| 242.00 - 242.91 | TOXIC DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM |
| 243 | CONGENITAL HYPOTHYROIDISM |
| 244.0 - 244.9 | POSTSURGICAL HYPOTHYROIDISM |
| 245.0 - 245.9 | ACUTE THYROIDITIS |
| 275.2 | DISORDERS OF MAGNESIUM METABOLISM |
| 275.40 - 275.49 | UNSPECIFIED DISORDER OF CALCIUM METABOLISM |
| 275.5 | HUNGRY BONE SYNDROME |
| 276.0 | HYPEROSMOLALITY AND/OR HYPERNATREMIA |
| 276.1 | HYPOSMOLALITY AND/OR HYPONATREMIA |
| 276.2 | ACIDOSIS |
| 276.3 | ALKALOSIS |
| 276.4 | MIXED ACID-BASE BALANCE DISORDER |
| 276.50-276.52 | VOLUME DEPLETION |
| 276.6 | FLUID OVERLOAD DISORDER |
| 276.7 | HYPERPOTASSEMIA |
| 276.8 | HYPOPOTASSEMIA |
| 276.9 | ELECTROLYTE AND FLUID DISORDERS NOT ELSEWHERE CLASSIFIED |
| 293.0 | ACUTE DELIRIUM |
| 293.1 | SUBACUTE DELIRIUM |
| 307.47 | OTHER DYSFUNCTIONS OF SLEEP STAGES OR AROUSAL FROM SLEEP |
| 339.3 | DRUG INDUCED HEADACHE, NOT ELSEWHERE CLASSIFIED |
| 368.16 | PSYCHOPHYSICAL VISUAL DISTURBANCES |
| 368.8 | OTHER SPECIFIED VISUAL DISTURBANCES |
| 368.9 | UNSPECIFIED VISUAL DISTURBANCE |
| 397.9 | RHEUMATIC DISEASES OF ENDOCARDIUM VALVE UNSPECIFIED |
| 398.0 | RHEUMATIC MYOCARDITIS |
| 398.91 | RHEUMATIC HEART FAILURE (CONGESTIVE) |
| 402.01 | MALIGNANT HYPERTENSIVE HEART DISEASE WITH HEART FAILURE |
| 402.11 | BENIGN HYPERTENSIVE HEART DISEASE WITH HEART FAILURE |
| 402.91 | UNSPECIFIED HYPERTENSIVE HEART DISEASE WITH HEART FAILURE |
| 403.00 - 403.91 | MALIGNANT HYPERTENSIVE RENAL DISEASE WITHOUT RENAL FAILURE |
| 404.00 - 404.93 | MALIGNANT HYPERTENSIVE HEART AND RENAL DISEASE WITHOUT HEART FAILURE OR RENAL FAILURE |
| 410.00 - 410.92 | ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE UNSPECIFIED |
| 411.0 - 411.89 | POSTMYOCARDIAL INFARCTION SYNDROME |
| 413.0 - 413.9 | ANGINA DECUBITUS |
| 422.0 - 422.99 | ACUTE MYOCARDITIS IN DISEASES CLASSIFIED ELSEWHERE |
| 425.0 - 425.9 | ENDOMYOCARDIAL FIBROSIS |
| 426.0 - 426.9 | ATRIOVENTRICULAR BLOCK COMPLETE |

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| 427.0 - 427.9 | PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA |
| 428.0 - 428.9 | CONGESTIVE HEART FAILURE UNSPECIFIED |
| 429.2 | CARDIOVASCULAR DISEASE UNSPECIFIED |
| 429.4 | FUNCTIONAL DISTURBANCES FOLLOWING CARDIAC SURGERY |
| 429.5 | RUPTURE OF CHORDAE TENDINEAE |
| 429.6 | RUPTURE OF PAPILLARY MUSCLE |
| 429.71 | CERTAIN SEQUELAE OF MYOCARDIAL INFARCTION NOT ELSEWHERE CLASSIFIED ACQUIRED CARDIAC SEPTAL DEFECT |
| 514 | PULMONARY CONGESTION AND HYPOSTASIS |
| 579.9 | UNSPECIFIED INTESTINAL MALABSORPTION |
| 584.5 - 584.9 | ACUTE RENAL FAILURE WITH LESION OF TUBULAR NECROSIS |
| 585.1-585.9 | CHRONIC KIDNEY DISEASE |
| 586 | RENAL FAILURE UNSPECIFIED |
| 587 | RENAL SCLEROSIS UNSPECIFIED |
| 588.0 | RENAL OSTEODYSTROPHY |
| 588.1 | NEPHROGENIC DIABETES INSIPIDUS |
| 588.81 | SECONDARY HYPERPARATHYROIDISM (OF RENAL ORIGIN) |
| 588.89 | OTHER SPECIFIED DISORDERS RESULTING FROM IMPAIRED RENAL FUNCTION |
| 588.9 | UNSPECIFIED DISORDER RESULTING FROM IMPAIRED RENAL FUNCTION |
| 780.01 | COMA |
| 780.02 | TRANSIENT ALTERATION OF AWARENESS |
| 780.09 | ALTERATION OF CONSCIOUSNESS OTHER |
| 780.1 | HALLUCINATIONS |
| 780.2 | SYNCOPE AND COLLAPSE |
| 780.4 | DIZZINESS AND GIDDINESS |
| 780.71 - 780.79 | CHRONIC FATIGUE SYNDROME |
| 783.0 | ANOREXIA |
| 784.0 | HEADACHE |
| 787.01 - 787.03 | NAUSEA WITH VOMITING |
| 787.91 | DIARRHEA |
| 794.31 | NONSPECIFIC ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG) |
| 799.2 | NERVOUSNESS |
| 972.0 | POISONING BY CARDIAC RHYTHM REGULATORS |
| 972.1 | POISONING BY CARDIOTONIC GLYCOSIDES AND DRUGS OF SIMILAR ACTION |
| 995.20 | UNSPECIFIED ADVERSE EFFECT OF UNSPECIFIED DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE |
| 995.21 | ARTHUS PHENOMENON |
| 995.27 | OTHER DRUG ALLERGY |
| 995.29 | UNSPECIFIED ADVERSE EFFECT OF OTHER DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE |
| E942.1 | CARDIOTONIC GLYCOSIDES AND DRUGS OF SIMILAR ACTION CAUSING ADVERSE EFFECTS IN THERAPEUTIC USE |
| V58.69 | LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS |

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| ID | 186132 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Expiration Date | 03/31/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0023 |
| Subject | Fecal Occult Blood |

CPT/HCPCS Codes

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| 82272 | BLOOD, OCCULT BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE, FECES, 1-3 SIMULTANEOUS DETERMINATIONS, PERFORMED FOR OTHER THAN COLORECTAL NEOPLASM SCREENING |
| G0394 | BLOOD OCCULT TEST (E.G., GUAIAC), FECES, FOR SINGLE DETERMINATION FOR COLORECTAL NEOPLASM (I.E., PATIENT WAS PROVIDED THREE CARDS OR SINGLE TRIPLE CARD FOR CONSECUTIVE COLLECTION) |

ICD-9 Codes Covered

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|-----------------|---|
| 003.0 | SALMONELLA GASTROENTERITIS |
| 003.1 | SALMONELLA SEPTICEMIA |
| 004.0 - 004.9 | SHIGELLA DYSENTERIAE |
| 005.0 - 005.9 | STAPHYLOCOCCAL FOOD POISONING |
| 006.0 - 006.9 | ACUTE AMEBIC DYSENTERY WITHOUT ABSCESS |
| 007.0 - 007.9 | BALANTIDIASIS |
| 008.41 - 008.49 | INTESTINAL INFECTION DUE TO STAPHYLOCOCCUS |
| 009.0 - 009.3 | INFECTIOUS COLITIS ENTERITIS AND GASTROENTERITIS |
| 014.00 - 014.86 | TUBERCULOUS PERITONITIS UNSPECIFIED EXAMINATION |
| 040.2 | WHIPPLE'S DISEASE |
| 095.2 | SYPHILITIC PERITONITIS |
| 095.3 | SYPHILIS OF LIVER |
| 098.0 | GONOCOCCAL INFECTION (ACUTE) OF LOWER GENITOURINARY TRACT |
| 098.7 | GONOCOCCAL INFECTION OF ANUS AND RECTUM |
| 098.84 | GONOCOCCAL ENDOCARDITIS |
| 123.0 - 123.9 | TAENIA SOLIUM INFECTION INTESTINAL FORM |
| 124 | TRICHINOSIS |
| 127.0 - 127.9 | ASCARIASIS |
| 139.8 | LATE EFFECTS OF OTHER AND UNSPECIFIED INFECTIOUS AND PARASITIC DISEASES |
| 150.0 - 157.9 | MALIGNANT NEOPLASM OF CERVICAL ESOPHAGUS |
| 159.0 - 159.9 | MALIGNANT NEOPLASM OF INTESTINAL TRACT PART UNSPECIFIED |
| 176.3 | KAPOSI'S SARCOMA GASTROINTESTINAL SITES |
| 197.4 - 197.5 | SECONDARY MALIGNANT NEOPLASM OF SMALL INTESTINE INCLUDING DUODENUM |
| 197.8 | SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS AND SPLEEN |
| 199.0 | DISSEMINATED MALIGNANT NEOPLASM |
| 204.00 - 204.91 | LYMPHOID LEUKEMIA ACUTE WITHOUT REMISSION |
| 205.00 - 208.91 | MYELOID LEUKEMIA ACUTE WITHOUT REMISSION |
| 209.00 | MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION |

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| 209.01 | MALIGNANT CARCINOID TUMOR OF THE DUODENUM |
| 209.02 | MALIGNANT CARCINOID TUMOR OF THE JEJUNUM |
| 209.03 | MALIGNANT CARCINOID TUMOR OF THE ILEUM |
| 209.10 | MALIGNANT CARCINOID TUMOR OF THE LARGE INTESTINE, UNSPECIFIED PORTION |
| 209.11 | MALIGNANT CARCINOID TUMOR OF THE APPENDIX |
| 209.12 | MALIGNANT CARCINOID TUMOR OF THE CECUM |
| 209.13 | MALIGNANT CARCINOID TUMOR OF THE ASCENDING COLON |
| 209.14 | MALIGNANT CARCINOID TUMOR OF THE TRANSVERSE COLON |
| 209.15 | MALIGNANT CARCINOID TUMOR OF THE DESCENDING COLON |
| 209.16 | MALIGNANT CARCINOID TUMOR OF THE SIGMOID COLON |
| 209.17 | MALIGNANT CARCINOID TUMOR OF THE RECTUM |
| 209.40 | BENIGN CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION |
| 209.41 | BENIGN CARCINOID TUMOR OF THE DUODENUM |
| 209.42 | BENIGN CARCINOID TUMOR OF THE JEJUNUM |
| 209.43 | BENIGN CARCINOID TUMOR OF THE ILEUM |
| 209.50 | BENIGN CARCINOID TUMOR OF THE LARGE INTESTINE, UNSPECIFIED PORTION |
| 209.51 | BENIGN CARCINOID TUMOR OF THE APPENDIX |
| 209.52 | BENIGN CARCINOID TUMOR OF THE CECUM |
| 209.53 | BENIGN CARCINOID TUMOR OF THE ASCENDING COLON |
| 209.54 | BENIGN CARCINOID TUMOR OF THE TRANSVERSE COLON |
| 209.55 | BENIGN CARCINOID TUMOR OF THE DESCENDING COLON |
| 209.56 | BENIGN CARCINOID TUMOR OF THE SIGMOID COLON |
| 209.57 | BENIGN CARCINOID TUMOR OF THE RECTUM |
| 211.0 - 211.9 | BENIGN NEOPLASM OF ESOPHAGUS |
| 228.04 | HEMANGIOMA OF INTRA-ABDOMINAL STRUCTURES |
| 230.2 - 230.9 | CARCINOMA IN SITU OF STOMACH |
| 235.2 | NEOPLASM OF UNCERTAIN BEHAVIOR OF STOMACH INTESTINES AND RECTUM |
| 235.5 | NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED DIGESTIVE ORGANS |
| 239.0 | NEOPLASM OF UNSPECIFIED NATURE OF DIGESTIVE SYSTEM |
| 280.0 - 280.9 | IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC) |
| 284.2 | MYELOPHTHISIS |
| 285.0 - 285.9 | SIDEROBLASTIC ANEMIA |
| 286.0 - 286.9 | CONGENITAL FACTOR VIII DISORDER |
| 287.0 - 287.9 | ALLERGIC PURPURA |
| 338.3 | NEOPLASM RELATED PAIN (ACUTE) (CHRONIC) |
| 448.0 | HEREDITARY HEMORRHAGIC TELANGIECTASIA |
| 455.0 - 455.8 | INTERNAL HEMORRHOIDS WITHOUT COMPLICATION |
| 456.0 - 456.21 | ESOPHAGEAL VARICES WITH BLEEDING |
| 530.10 - 535.61 | ESOPHAGITIS UNSPECIFIED |
| 536.2 | PERSISTENT VOMITING |
| 536.8 - 536.9 | DYSPEPSIA AND OTHER SPECIFIED DISORDERS OF FUNCTION OF STOMACH |
| 537.0 - 537.4 | ACQUIRED HYPERTROPHIC PYLORIC STENOSIS |
| 537.82 - 537.83 | ANGIODYSPLASIA OF STOMACH AND DUODENUM (WITHOUT HEMORRHAGE) |
| 537.84 | DIEULAFOY LESION (HEMORRHAGIC) OF STOMACH AND DUODENUM |
| 537.89 | OTHER SPECIFIED DISORDERS OF STOMACH AND DUODENUM |
| 555.0 - 558.9 | REGIONAL ENTERITIS OF SMALL INTESTINE |
| 560.0 - 560.39 | INTUSSUSCEPTION |
| 562.10 - 562.13 | DIVERTICULOSIS OF COLON (WITHOUT HEMORRHAGE) |

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| 564.00 - 564.02 | UNSPECIFIED CONSTIPATION |
| 564.09 | OTHER CONSTIPATION |
| 564.1 - 564.9 | IRRITABLE BOWEL SYNDROME |
| 565.0 - 565.1 | ANAL FISSURE |
| 569.0 | ANAL AND RECTAL POLYP |
| 569.1 | RECTAL PROLAPSE |
| 569.3 | HEMORRHAGE OF RECTUM AND ANUS |
| 569.41 - 569.49 | ULCER OF ANUS AND RECTUM |
| 569.82 - 569.83 | ULCERATION OF INTESTINE |
| 569.84 - 569.86 | ANGIODYSPLASIA OF INTESTINE (WITHOUT HEMORRHAGE) |
| 571.0 - 571.9 | ALCOHOLIC FATTY LIVER |
| 577.0 - 577.9 | ACUTE PANCREATITIS |
| 578.0 - 578.9 | HEMATEMESIS |
| 579.0 | CELIAC DISEASE |
| 579.8 | OTHER SPECIFIED INTESTINAL MALABSORPTION |
| 596.1 | INTESTINOVESICAL FISTULA |
| 617.5 | ENDOMETRIOSIS OF INTESTINE |
| 780.71 | CHRONIC FATIGUE SYNDROME |
| 780.72 | FUNCTIONAL QUADRIPLÉGIA |
| 780.79 | OTHER MALAISE AND FATIGUE |
| 783.0 | ANOREXIA |
| 783.21 | LOSS OF WEIGHT |
| 787.01 - 787.03 | NAUSEA WITH VOMITING |
| 787.1 | HEARTBURN |
| 787.20 | DYSPHAGIA, UNSPECIFIED |
| 787.21 | DYSPHAGIA, ORAL PHASE |
| 787.22 | DYSPHAGIA, OROPHARYNGEAL PHASE |
| 787.23 | DYSPHAGIA, PHARYNGEAL PHASE |
| 787.24 | DYSPHAGIA, PHARYNGOESOPHAGEAL PHASE |
| 787.29 | OTHER DYSPHAGIA |
| 787.7 | ABNORMAL FECES |
| 787.91 | DIARRHEA |
| 787.99 | OTHER SYMPTOMS INVOLVING DIGESTIVE SYSTEM |
| 789.00 - 789.09 | ABDOMINAL PAIN UNSPECIFIED SITE |
| 789.30 - 789.39 | ABDOMINAL OR PELVIC SWELLING MASS OR LUMP UNSPECIFIED SITE |
| 789.40 - 789.49 | ABDOMINAL RIGIDITY UNSPECIFIED SITE |
| 789.51 | MALIGNANT ASCITES |
| 789.59 | OTHER ASCITES |
| 789.60 - 789.69 | ABDOMINAL TENDERNESS UNSPECIFIED SITE |
| 790.92 | ABNORMAL COAGULATION PROFILE |
| 792.1 | NONSPECIFIC ABNORMAL FINDINGS IN STOOL CONTENTS |
| 793.6 | NONSPECIFIC ABNORMAL FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF ABDOMINAL AREA INCLUDING RETROPERITONEUM |
| 794.8 | NONSPECIFIC ABNORMAL RESULTS OF FUNCTION STUDY OF LIVER |
| 863.0 - 863.99 | INJURY TO STOMACH WITHOUT OPEN WOUND INTO CAVITY |
| 864.00 - 864.09 | UNSPECIFIED INJURY TO LIVER WITHOUT OPEN WOUND INTO CAVITY |
| 864.11 - | HEMATOMA AND CONTUSION OF LIVER WITH OPEN WOUND INTO CAVITY |

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| 864.19 | |
| 866.00 - 866.03 | UNSPECIFIED INJURY TO KIDNEY WITHOUT OPEN WOUND INTO CAVITY |
| 866.10 - 866.13 | UNSPECIFIED INJURY TO KIDNEY WITH OPEN WOUND INTO CAVITY |
| 902.0 - 902.9 | INJURY TO ABDOMINAL AORTA |
| 926.11 - 926.19 | CRUSHING INJURY OF BACK |
| 926.8 | CRUSHING INJURY OF MULTIPLE SITES OF TRUNK |
| 926.9 | CRUSHING INJURY OF UNSPECIFIED SITE OF TRUNK |
| 964.2 | POISONING BY ANTICOAGULANTS |
| 995.20 | UNSPECIFIED ADVERSE EFFECT OF UNSPECIFIED DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE |
| V10.00 - V10.09 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF UNSPECIFIED SITE IN GASTROINTESTINAL TRACT |
| V12.00 | PERSONAL HISTORY OF UNSPECIFIED INFECTIOUS AND PARASITIC DISEASE |
| V12.72 | PERSONAL HISTORY OF COLONIC POLYPS |
| V58.61 | LONG-TERM (CURRENT) USE OF ANTICOAGULANTS |
| V58.63 | LONG-TERM (CURRENT) USE OF ANTIPLATELETS/ANTITHROMBOTICS |
| V58.64 | LONG-TERM (CURRENT) USE OF NONSTEROIDAL ANTI-INFLAMMATORIES |
| V58.65 | LONG-TERM (CURRENT) USE OF STEROIDS |
| V58.66 | LONG-TERM (CURRENT) USE OF ASPIRIN |
| V58.69 | LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS |
| V67.51 | FOLLOW-UP EXAMINATION FOLLOWING COMPLETED TREATMENT WITH HIGH-RISK MEDICATION NOT ELSEWHERE CLASSIFIED |

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| ID | 186131 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Expiration Date | 03/31/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0021 |
| Subject | Gamma Glutamyl Transferase |

CPT/HCPCS Codes

82977 GLUTAMYLTRANSFERASE, GAMMA (GGT)

ICD-9 Codes Covered

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| 003.1 | SALMONELLA SEPTICEMIA |
| 006.0 - 006.9 | ACUTE AMEBIC DYSENTERY WITHOUT ABSCESS |
| 014.00 - 014.86 | TUBERCULOUS PERITONITIS UNSPECIFIED EXAMINATION |
| 017.90 - 017.96 | TUBERCULOSIS OF OTHER SPECIFIED ORGANS UNSPECIFIED EXAMINATION |
| 018.90 - 018.96 | UNSPECIFIED MILIARY TUBERCULOSIS UNSPECIFIED EXAMINATION |
| 020.0 - 020.9 | BUBONIC PLAGUE |
| 022.3 | ANTHRAX SEPTICEMIA |
| 027.0 | LISTERIOSIS |
| 027.1 | ERYSIPELOTHRIX INFECTION |
| 030.1 | TUBERCULOID LEPROSY (TYPE T) |
| 032.83 | DIPHThERITIC PERITONITIS |
| 036.1 | MENINGOCOCCAL ENCEPHALITIS |
| 036.2 | MENINGOCOCCEMIA |
| 038.0 - 038.9 | STREPTOCOCCAL SEPTICEMIA |
| 039.2 | ABDOMINAL ACTINOMYCOTIC INFECTION |
| 040.0 | GAS GANGRENE |
| 042 | HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE |
| 054.0 | ECZEMA HERPETICUM |
| 054.5 | HERPETIC SEPTICEMIA |
| 060.0 - 060.1 | SYLVATIC YELLOW FEVER |
| 070.0 - 070.9 | VIRAL HEPATITIS A WITH HEPATIC COMA |
| 072.71 | MUMPS HEPATITIS |
| 073.0 | ORNITHOSIS WITH PNEUMONIA |
| 074.8 | OTHER SPECIFIED DISEASES DUE TO COXSACKIE VIRUS |
| 075 | INFECTIOUS MONONUCLEOSIS |
| 078.5 | CYTOMEGALOVIRAL DISEASE |
| 079.99 | UNSPECIFIED VIRAL INFECTION |
| 082.0 - 082.9 | SPOTTED FEVERS |
| 084.9 | OTHER PERNICIOUS COMPLICATIONS OF MALARIA |
| 086.1 | CHAGAS' DISEASE WITH OTHER ORGAN INVOLVEMENT |
| 088.81 | LYME DISEASE |
| 091.62 | SECONDARY SYPHILITIC HEPATITIS |
| 095.3 | SYPHILIS OF LIVER |
| 100.0 | LEPTOSPIROSIS ICTEROHEMORRHAGICA |
| 112.5 | DISSEMINATED CANDIDIASIS |
| 115.00 | INFECTION BY HISTOPLASMA CAPSULATUM WITHOUT MANIFESTATION |
| 120.9 | SCHISTOSOMIASIS UNSPECIFIED |
| 121.1 | CLONORCHIASIS |
| 121.3 | FASCIOLIASIS |
| 122.0 | ECHINOCOCCUS GRANULOSUS INFECTION OF LIVER |

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| 122.5 | ECHINOCOCCUS MULTILOCULARIS INFECTION OF LIVER |
| 122.8 | ECHINOCOCCOSIS UNSPECIFIED OF LIVER |
| 122.9 | ECHINOCOCCOSIS OTHER AND UNSPECIFIED |
| 130.5 | HEPATITIS DUE TO TOXOPLASMOSIS |
| 135 | SARCOIDOSIS |
| 150.0 - 159.9 | MALIGNANT NEOPLASM OF CERVICAL ESOPHAGUS |
| 160.0 - 165.9 | MALIGNANT NEOPLASM OF NASAL CAVITIES |
| 170.0 - 176.9 | MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE EXCEPT MANDIBLE |
| 179 - 189.9 | MALIGNANT NEOPLASM OF UTERUS-PART UNS |
| 200.00 - 208.91 | RETICULOSARCOMA UNSPECIFIED SITE |
| 211.5 | BENIGN NEOPLASM OF LIVER AND BILIARY PASSAGES |
| 209.20 | MALIGNANT CARCINOID TUMOR OF UNKNOWN PRIMARY SITE |
| 209.21 | MALIGNANT CARCINOID TUMOR OF THE BRONCHUS AND LUNG |
| 209.22 | MALIGNANT CARCINOID TUMOR OF THE THYMUS |
| 209.23 | MALIGNANT CARCINOID TUMOR OF THE STOMACH |
| 209.24 | MALIGNANT CARCINOID TUMOR OF THE KIDNEY |
| 209.25 | MALIGNANT CARCINOID TUMOR OF THE FOREGUT NOS |
| 209.26 | MALIGNANT CARCINOID TUMOR OF THE MIDGUT NOS |
| 209.27 | MALIGNANT CARCINOID TUMOR OF THE HINDGUT NOS |
| 209.29 | MALIGNANT CARCINOID TUMOR OF OTHER SITES |
| 211.6 | BENIGN NEOPLASM OF PANCREAS EXCEPT ISLETS OF LANGERHANS |
| 211.7 | BENIGN NEOPLASM OF ISLETS OF LANGERHANS |
| 228.04 | HEMANGIOMA OF INTRA-ABDOMINAL STRUCTURES |
| 230.7 | CARCINOMA IN SITU OF OTHER AND UNSPECIFIED PARTS OF INTESTINE |
| 230.8 | CARCINOMA IN SITU OF LIVER AND BILIARY SYSTEM |
| 230.9 | CARCINOMA IN SITU OF OTHER AND UNSPECIFIED DIGESTIVE ORGANS |
| 235.0 - 238.9 | NEOPLASM OF UNCERTAIN BEHAVIOR OF MAJOR SALIVARY GLANDS |
| 239.0 | NEOPLASM OF UNSPECIFIED NATURE OF DIGESTIVE SYSTEM |
| 250.00 - 250.93 | DIABETES MELLITUS WITHOUT COMPLICATION TYPE II OR UNSPECIFIED TYPE NOT STATED AS UNCONTROLLED |
| 252.00 | HYPERPARATHYROIDISM, UNSPECIFIED |
| 252.01 | PRIMARY HYPERPARATHYROIDISM |
| 252.02 | SECONDARY HYPERPARATHYROIDISM, NON-RENAL |
| 252.08 | OTHER HYPERPARATHYROIDISM |
| 263.1 | MALNUTRITION OF MILD DEGREE |
| 263.9 | UNSPECIFIED PROTEIN-CALORIE MALNUTRITION |
| 268.0 | RICKETS ACTIVE |
| 268.2 | OSTEOMALACIA UNSPECIFIED |
| 269.0 | DEFICIENCY OF VITAMIN K |
| 270.2 | OTHER DISTURBANCES OF AROMATIC AMINO-ACID METABOLISM |
| 270.9 | UNSPECIFIED DISORDER OF AMINO-ACID METABOLISM |
| 271.0 | GLYCOGENOSIS |
| 272.0 | PURE HYPERCHOLESTEROLEMIA |
| 272.1 | PURE HYPERGLYCERIDEMIA |
| 272.2 | MIXED HYPERLIPIDEMIA |
| 272.4 | OTHER AND UNSPECIFIED HYPERLIPIDEMIA |
| 272.7 | LIPIDOSES |
| 272.9 | UNSPECIFIED DISORDER OF LIPOID METABOLISM |
| 273.4 | ALPHA-1-ANTITRYSPIN DEFICIENCY |
| 275.0 | DISORDERS OF IRON METABOLISM |
| 275.1 | DISORDERS OF COPPER METABOLISM |
| 275.2 | DISORDERS OF MAGNESIUM METABOLISM |
| 275.3 | DISORDERS OF PHOSPHORUS METABOLISM |
| 275.40 - 275.49 | UNSPECIFIED DISORDER OF CALCIUM METABOLISM |
| 275.5 | HUNGRY BONE SYNDROME |
| 277.1 | DISORDERS OF PORPHYRIN METABOLISM |
| 277.30 | AMYLOIDOSIS, UNSPECIFIED |

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| 277.31 | AMYLOIDOSIS, FAMILIAL MEDITERRANEAN FEVER |
| 277.39 | OTHER AMYLOIDOSIS |
| 277.4 | DISORDERS OF BILIRUBIN EXCRETION |
| 277.6 | OTHER DEFICIENCIES OF CIRCULATING ENZYMES |
| 282.60 - 282.69 | SICKLE-CELL DISEASE UNSPECIFIED |
| 286.6 | DEFIBRINATION SYNDROME |
| 286.7 | ACQUIRED COAGULATION FACTOR DEFICIENCY |
| 289.4 | HYPERSPLENISM |
| 289.52 | SPLENIC SEQUESTRATION |
| 291.0 - 291.9 | ALCOHOL WITHDRAWAL DELIRIUM |
| 303.00 - 303.03 | ACUTE ALCOHOLIC INTOXICATION IN ALCOHOLISM UNSPECIFIED DRINKING BEHAVIOR |
| 303.90 - 303.93 | OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE UNSPECIFIED DRINKING BEHAVIOR |
| 304.00 - 304.93 | OPIOID TYPE DEPENDENCE UNSPECIFIED USE |
| 305.00 - 305.93 | NONDEPENDENT ALCOHOL ABUSE UNSPECIFIED DRINKING BEHAVIOR |
| 357.5 | ALCOHOLIC POLYNEUROPATHY |
| 359.21 | MYOTONIC MUSCULAR DYSTROPHY |
| 359.22 | MYOTONIA CONGENITA |
| 359.23 | MYOTONIC CHONDRODYSTROPHY |
| 359.24 | DRUG INDUCED MYOTONIA |
| 359.29 | OTHER SPECIFIED MYOTONIC DISORDER |
| 452 | PORTAL VEIN THROMBOSIS |
| 453.0 - 453.9 | BUDD-CHIARI SYNDROME |
| 456.0 - 456.21 | ESOPHAGEAL VARICES WITH BLEEDING |
| 555.0 - 555.9 | REGIONAL ENTERITIS OF SMALL INTESTINE |
| 556.0 - 556.9 | ULCERATIVE (CHRONIC) ENTEROCOLITIS |
| 557.0 | ACUTE VASCULAR INSUFFICIENCY OF INTESTINE |
| 558.1 - 558.9 | GASTROENTERITIS AND COLITIS DUE TO RADIATION |
| 560.0 - 560.9 | INTUSSUSCEPTION |
| 562.01 | DIVERTICULITIS OF SMALL INTESTINE (WITHOUT HEMORRHAGE) |
| 562.03 | DIVERTICULITIS OF SMALL INTESTINE WITH HEMORRHAGE |
| 562.11 | DIVERTICULITIS OF COLON (WITHOUT HEMORRHAGE) |
| 562.13 | DIVERTICULITIS OF COLON WITH HEMORRHAGE |
| 567.0-567.29, 567.38 - 567.9 | PERITONITIS |
| 569.83 | PERFORATION OF INTESTINE |
| 570 | ACUTE AND SUBACUTE NECROSIS OF LIVER |
| 571.0 - 571.9 | ALCOHOLIC FATTY LIVER |
| 572.0 - 572.8 | ABSCESS OF LIVER |
| 573.0 - 573.9 | CHRONIC PASSIVE CONGESTION OF LIVER |
| 574.00 - 574.91 | CALCULUS OF GALLBLADDER WITH ACUTE CHOLECYSTITIS WITHOUT OBSTRUCTION |
| 575.0 - 575.9 | ACUTE CHOLECYSTITIS |
| 576.0 - 576.9 | POSTCHOLECYSTECTOMY SYNDROME |
| 581.0 - 581.9 | NEPHROTIC SYNDROME WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS |
| 582.0 - 582.9 | CHRONIC GLOMERULONEPHRITIS WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS |
| 583.0 - 583.9 | NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS |
| 584.5 - 584.9 | ACUTE RENAL FAILURE WITH LESION OF TUBULAR NECROSIS |
| 585.6 | CHRONIC KIDNEY DISEASE |
| 586 | RENAL FAILURE UNSPECIFIED |
| 587 | RENAL SCLEROSIS UNSPECIFIED |
| 588.0 - 588.9 | RENAL OSTEODYSTROPHY |
| 590.00 - 590.9 | CHRONIC PYELONEPHRITIS WITHOUT LESION OF RENAL MEDULLARY NECROSIS |

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| 642.50 - 642.54 | SEVERE PRE-ECLAMPSIA UNSPECIFIED AS TO EPISODE OF CARE |
| 646.70 | LIVER DISORDERS IN PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE |
| 646.71 | LIVER DISORDERS IN PREGNANCY WITH DELIVERY |
| 646.73 | ANTEPARTUM LIVER DISORDERS |
| 782.4 | JAUNDICE UNSPECIFIED NOT OF NEWBORN |
| 789.1 | HEPATOMEGALY |
| 790.4 | NONSPECIFIC ELEVATION OF LEVELS OF TRANSAMINASE OR LACTIC ACID DEHYDROGENASE (LDH) |
| 790.5 | OTHER NONSPECIFIC ABNORMAL SERUM ENZYME LEVELS |
| 960.0 - 979.9 | POISONING BY PENICILLINS |
| 980.0 - 989.89 | TOXIC EFFECT OF ETHYL ALCOHOL |
| V42.7 | LIVER REPLACED BY TRANSPLANT |
| V58.61 - V58.69 | LONG-TERM (CURRENT) USE OF ANTICOAGULANTS |
| V67.1 | FOLLOW-UP EXAMINATION FOLLOWING RADIOTHERAPY |
| V67.2 | FOLLOW-UP EXAMINATION FOLLOWING CHEMOTHERAPY |
| V67.51 | FOLLOW-UP EXAMINATION FOLLOWING COMPLETED TREATMENT WITH HIGH-RISK MEDICATION NOT ELSEWHERE CLASSIFIED |

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| ID | 186120 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Expiration Date | 03/31/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0009 |
| Subject | Blood Glucose Testing |

CPT/HCPCS Codes

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| 82947 | GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP) |
| 82948 | GLUCOSE; BLOOD, REAGENT STRIP |
| 82962 | GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA SPECIFICALLY FOR HOME USE |

ICD-9 Codes Covered

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| 011.00 - 011.96 | TUBERCULOSIS OF LUNG INFILTRATIVE CONFIRMATION UNSPECIFIED |
| 038.0 - 038.9 | STREPTOCOCCAL SEPTICEMIA |
| 038.12 | METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS SEPTICEMIA |
| 112.1 | CANDIDIASIS OF VULVA AND VAGINA |
| 112.3 | CANDIDIASIS OF SKIN AND NAILS |
| 118 | OPPORTUNISTIC MYCOSES |
| 157.4 | MALIGNANT NEOPLASM OF ISLETS OF LANGERHANS |
| 158.0 | MALIGNANT NEOPLASM OF RETROPERITONEUM |
| 211.7 | BENIGN NEOPLASM OF ISLETS OF LANGERHANS |
| 242.00 - 242.91 | TOXIC DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM |
| 249.00 - 249.01 | SECONDARY DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.10 - 249.11 | SECONDARY DIABETES MELLITUS WITH KETOACIDOSIS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.20 - 249.21 | SECONDARY DIABETES MELLITUS WITH HYPEROSMOLARITY, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.30 - 249.31 | SECONDARY DIABETES MELLITUS WITH OTHER COMA, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.40 - 249.41 | SECONDARY DIABETES MELLITUS WITH RENAL MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.50 - 249.51 | SECONDARY DIABETES MELLITUS WITH OPHTHALMIC MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.60 - 249.61 | SECONDARY DIABETES MELLITUS WITH NEUROLOGICAL MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.70 - 249.71 | SECONDARY DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY DISORDER, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.80 - 249.81 | SECONDARY DIABETES MELLITUS WITH OTHER SPECIFIED MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.90 - 249.91 | SECONDARY DIABETES MELLITUS WITH UNSPECIFIED COMPLICATION, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 250.00 - 250.93 | DIABETES MELLITUS WITHOUT COMPLICATION TYPE II OR UNSPECIFIED TYPE NOT STATED AS UNCONTROLLED |
| 251.0 - 251.9 | HYPOGLYCEMIC COMA |
| 253.0 - 253.9 | ACROMEGALY AND GIGANTISM |
| 255.0 | CUSHING'S SYNDROME |
| 263.0 - 263.9 | MALNUTRITION OF MODERATE DEGREE |
| 271.0 - 271.9 | GLYCOGENOSIS |
| 272.0 - 272.4 | PURE HYPERCHOLESTEROLEMIA |
| 275.0 | DISORDERS OF IRON METABOLISM |
| 276.0 - 276.9 | HYPEROSMOLALITY AND/OR HYPERNATREMIA |

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| 278.3 | HYPERCAROTINEMIA |
| 293.0 | ACUTE DELIRIUM |
| 294.9 | UNSPECIFIED ORGANIC BRAIN SYNDROME (CHRONIC) |
| 298.9 | UNSPECIFIED PSYCHOSIS |
| 300.9 | UNSPECIFIED NEUROTIC DISORDER |
| 310.1 | ORGANIC PERSONALITY SYNDROME |
| 331.83 | MILD COGNITIVE IMPAIRMENT, SO STATED |
| 337.9 | UNSPECIFIED DISORDER OF AUTONOMIC NERVOUS SYSTEM |
| 345.10 - 345.11 | GENERALIZED CONVULSIVE EPILEPSY WITHOUT INTRACTABLE EPILEPSY |
| 348.31 | METABOLIC ENCEPHALOPATHY |
| 355.9 | MONONEURITIS OF UNSPECIFIED SITE |
| 356.9 | UNSPECIFIED IDIOPATHIC PERIPHERAL NEUROPATHY |
| 357.9 | UNSPECIFIED INFLAMMATORY AND TOXIC NEUROPATHIES |
| 362.10 | BACKGROUND RETINOPATHY UNSPECIFIED |
| 362.18 | RETINAL VASCULITIS |
| 362.29 | OTHER NONDIABETIC PROLIFERATIVE RETINOPATHY |
| 362.50 - 362.57 | MACULAR DEGENERATION (SENILE) OF RETINA UNSPECIFIED |
| 362.60 - 362.66 | PERIPHERAL RETINAL DEGENERATION UNSPECIFIED |
| 362.81 - 362.89 | RETINAL HEMORRHAGE |
| 362.9 | UNSPECIFIED RETINAL DISORDER |
| 365.04 | OCULAR HYPERTENSION |
| 365.32 | CORTICOSTEROID-INDUCED GLAUCOMA RESIDUAL STAGE |
| 366.00 - 366.09 | NONSENILE CATARACT UNSPECIFIED |
| 366.10 - 366.19 | SENILE CATARACT UNSPECIFIED |
| 367.1 | MYOPIA |
| 368.8 | OTHER SPECIFIED VISUAL DISTURBANCES |
| 373.00 | BLEPHARITIS UNSPECIFIED |
| 377.24 | PSEUDOPAPILLEDEMA |
| 377.9 | UNSPECIFIED DISORDER OF OPTIC NERVE AND VISUAL PATHWAYS |
| 378.50 - 378.55 | PARALYTIC STRABISMUS UNSPECIFIED |
| 379.45 | ARGYLL ROBERTSON PUPIL ATYPICAL |
| 410.00 - 410.92 | ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE UNSPECIFIED |
| 414.00 - 414.19 | CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF VESSEL NATIVE OR GRAFT |
| 425.9 | SECONDARY CARDIOMYOPATHY UNSPECIFIED |
| 440.23 | ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES WITH ULCERATION |
| 440.24 | ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES WITH GANGRENE |
| 440.9 | GENERALIZED AND UNSPECIFIED ATHEROSCLEROSIS |
| 458.0 | ORTHOSTATIC HYPOTENSION |
| 462 | ACUTE PHARYNGITIS |
| 466.0 | ACUTE BRONCHITIS |
| 480.0 - 486 | PNEUMONIA DUE TO ADENOVIRUS |
| 490 | BRONCHITIS NOT SPECIFIED AS ACUTE OR CHRONIC |
| 491.0 - 491.9 | SIMPLE CHRONIC BRONCHITIS |
| 527.7 | DISTURBANCE OF SALIVARY SECRETION |
| 528.00 | STOMATITIS AND MUCOSITIS, UNSPECIFIED |
| 528.09 | OTHER STOMATITIS AND MUCOSITIS (ULCERATIVE) |
| 535.50 - 535.51 | UNSPECIFIED GASTRITIS AND GASTRODUODENITIS (WITHOUT HEMORRHAGE) |
| 536.8 | DYSPEPSIA AND OTHER SPECIFIED DISORDERS OF FUNCTION OF STOMACH |
| 571.8 | OTHER CHRONIC NONALCOHOLIC LIVER DISEASE |
| 572.0 - 572.8 | ABSCESS OF LIVER |
| 574.50 - 574.51 | CALCULUS OF BILE DUCT WITHOUT CHOLECYSTITIS WITHOUT OBSTRUCTION |
| 575.0 - 575.12 | ACUTE CHOLECYSTITIS |

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| 576.1 | CHOLANGITIS |
| 577.0 | ACUTE PANCREATITIS |
| 577.1 | CHRONIC PANCREATITIS |
| 577.8 | OTHER SPECIFIED DISEASES OF PANCREAS |
| 590.00 - 590.9 | CHRONIC PYELONEPHRITIS WITHOUT LESION OF RENAL MEDULLARY NECROSIS |
| 595.9 | CYSTITIS UNSPECIFIED |
| 596.4 | ATONY OF BLADDER |
| 596.53 | PARALYSIS OF BLADDER |
| 599.0 | URINARY TRACT INFECTION SITE NOT SPECIFIED |
| 607.84 | IMPOTENCE OF ORGANIC ORIGIN |
| 608.89 | OTHER SPECIFIED DISORDERS OF MALE GENITAL ORGANS |
| 616.10 | VAGINITIS AND VULVOVAGINITIS UNSPECIFIED |
| 626.0 | ABSENCE OF MENSTRUATION |
| 626.4 | IRREGULAR MENSTRUAL CYCLE |
| 628.9 | INFERTILITY FEMALE OF UNSPECIFIED ORIGIN |
| 648.00 | DIABETES MELLITUS OF MOTHER COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE |
| 648.03 | ANTEPARTUM DIABETES MELLITUS |
| 648.04 | POSTPARTUM DIABETES MELLITUS |
| 648.80 | ABNORMAL GLUCOSE TOLERANCE OF MOTHER COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE |
| 648.83 | ABNORMAL GLUCOSE TOLERANCE OF MOTHER ANTEPARTUM |
| 648.84 | ABNORMAL GLUCOSE TOLERANCE OF MOTHER POSTPARTUM |
| 649.20 | BARIATRIC SURGERY STATUS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, UNSPECIFIC AS TO EPISODE OF CARE OR NOT APPLICABLE |
| 649.21 | BARIATRIC SURGERY STATUS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION |
| 649.22 | BARIATRIC SURGERY STATUS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION |
| 649.23 | BARIATRIC SURGERY STATUS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, ANTEPARTUM CONDITION OR COMPLICATION |
| 649.24 | BARIATRIC SURGERY STATUS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, POSTPARTUM CONDITION OR COMPLICATION |
| 656.60 - 656.63 | EXCESSIVE FETAL GROWTH AFFECTING MANAGEMENT OF MOTHER UNSPECIFIED AS TO EPISODE OF CARE |
| 657.00 - 657.03 | POLYHYDRAMNIOS UNSPECIFIED AS TO EPISODE OF CARE |
| 680.0 - 680.9 | CARBUNCLE AND FURUNCLE OF FACE |
| 686.00 - 686.9 | PYODERMA UNSPECIFIED |
| 698.0 | PRURITUS ANI |
| 698.1 | PRURITUS OF GENITAL ORGANS |
| 704.1 | HIRSUTISM |
| 705.0 | ANHIDROSIS |
| 707.00 - 707.9 | DECUBITUS ULCER |
| 709.3 | DEGENERATIVE SKIN DISORDERS |
| 729.1 | MYALGIA AND MYOSITIS UNSPECIFIED |
| 730.07 | ACUTE OSTEOMYELITIS INVOLVING ANKLE AND FOOT |
| 730.17 | CHRONIC OSTEOMYELITIS INVOLVING ANKLE AND FOOT |
| 730.27 | UNSPECIFIED OSTEOMYELITIS INVOLVING ANKLE AND FOOT |
| 780.01 | COMA |
| 780.02 | TRANSIENT ALTERATION OF AWARENESS |
| 780.09 | ALTERATION OF CONSCIOUSNESS OTHER |
| 780.2 | SYNCOPE AND COLLAPSE |
| 780.31 | FEBRILE CONVULSIONS |
| 780.32 | COMPLEX FEBRILE CONVULSIONS |
| 780.39 | OTHER CONVULSIONS |

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| 780.4 | DIZZINESS AND GIDDINESS |
| 780.71 - 780.79 | CHRONIC FATIGUE SYNDROME |
| 780.8 | HYPERHIDROSIS |
| 781.0 | ABNORMAL INVOLUNTARY MOVEMENTS |
| 782.0 | DISTURBANCE OF SKIN SENSATION |
| 783.1 | ABNORMAL WEIGHT GAIN |
| 783.21 | LOSS OF WEIGHT |
| 783.5 | POLYDIPSIA |
| 783.6 | POLYPHAGIA |
| 785.0 | TACHYCARDIA UNSPECIFIED |
| 785.4 | GANGRENE |
| 786.01 | HYPERVENTILATION |
| 786.09 | RESPIRATORY ABNORMALITY OTHER |
| 786.50 | UNSPECIFIED CHEST PAIN |
| 787.6 | INCONTINENCE OF FECES |
| 787.91 | DIARRHEA |
| 788.41 - 788.43 | URINARY FREQUENCY |
| 789.1 | HEPATOMEGALY |
| 790.21 | IMPAIRED FASTING GLUCOSE |
| 790.22 | IMPAIRED GLUCOSE TOLERANCE TEST (ORAL) |
| 790.29 | OTHER ABNORMAL GLUCOSE |
| 790.6 | OTHER ABNORMAL BLOOD CHEMISTRY |
| 791.0 | PROTEINURIA |
| 791.5 | GLYCOSURIA |
| 796.1 | ABNORMAL REFLEX |
| 799.4 | CACHEXIA |
| V23.0 - V23.9 | SUPERVISION OF HIGH-RISK PREGNANCY WITH HISTORY OF INFERTILITY |
| V58.63 | LONG-TERM (CURRENT) USE OF ANTIPLATELETS/ANTITHROMBOTICS |
| V58.64 | LONG-TERM (CURRENT) USE OF NONSTEROIDAL ANTI-INFLAMMATORIES |
| V58.65 | LONG-TERM (CURRENT) USE OF STEROIDS |
| V58.67 | LONG-TERM (CURRENT) USE OF INSULIN |
| V58.69 | LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS |
| V67.2 | FOLLOW-UP EXAMINATION FOLLOWING CHEMOTHERAPY |
| V67.51 | FOLLOW-UP EXAMINATION FOLLOWING COMPLETED TREATMENT WITH HIGH-RISK MEDICATION NOT ELSEWHERE CLASSIFIED |
| V77.1 Covered for procedure code 82947 ONLY | SPECIAL SCREENING FOR ENDOCRINE, NUTRITION, METABOLIC, AND IMMUNITY DISORDERS |

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| ID | 186122 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0010 |
| Subject | Glycated Hemoglobin/Glycated Protein |

CPT/HCPCS Codes

82985 GLYCATED PROTEIN
83036 HEMOGLOBIN; GLYCATED

ICD-9 Codes Covered

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| 211.7 | BENIGN NEOPLASM OF ISLETS OF LANGERHANS |
| 249.00 – 249.01 | SECONDARY DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.10 – 249.11 | SECONDARY DIABETES MELLITUS WITH KETOACIDOSIS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.20 – 249.21 | SECONDARY DIABETES MELLITUS WITH HYPEROSMOLARITY, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.30 – 249.31 | SECONDARY DIABETES MELLITUS WITH OTHER COMA, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.40 – 249.41 | SECONDARY DIABETES MELLITUS WITH RENAL MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.50 – 249.51 | SECONDARY DIABETES MELLITUS WITH OPHTHALMIC MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.60 – 249.61 | SECONDARY DIABETES MELLITUS WITH NEUROLOGICAL, MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.70 – 249.71 | SECONDARY DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY DISORDERS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.80 – 249.81 | SECONDARY DIABETES MELLITUS WITH OTHER SPECIFIED MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.90 – 249.91 | SECONDARY DIABETES MELLITUS WITH UNSPECIFIED COMPLICATION, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 250.00 - 250.93 | DIABETES MELLITUS WITHOUT COMPLICATION TYPE II OR UNSPECIFIED TYPE NOT STATED AS UNCONTROLLED |
| 251.0 | HYPOGLYCEMIC COMA |
| 251.1 | OTHER SPECIFIED HYPOGLYCEMIA |
| 251.2 | HYPOGLYCEMIA UNSPECIFIED |
| 251.3 | POSTSURGICAL HYPOINSULINEMIA |
| 251.4 | ABNORMALITY OF SECRETION OF GLUCAGON |
| 251.8 | OTHER SPECIFIED DISORDERS OF PANCREATIC INTERNAL SECRETION |
| 251.9 | UNSPECIFIED DISORDER OF PANCREATIC INTERNAL SECRETION |
| 258.01 - 258.9 | POLYGLANDULAR ACTIVITY IN MULTIPLE ENDOCRINE ADENOMATOSIS |
| 271.4 | RENAL GLYCOSURIA |
| 275.0 | DISORDERS OF IRON METABOLISM |
| 577.1 | CHRONIC PANCREATITIS |
| 579.3 | OTHER AND UNSPECIFIED POSTSURGICAL NONABSORPTION |
| 648.00 | DIABETES MELLITUS OF MOTHER COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE |
| 648.03 | ANTEPARTUM DIABETES MELLITUS |
| 648.04 | POSTPARTUM DIABETES MELLITUS |
| 648.80 | ABNORMAL GLUCOSE TOLERANCE OF MOTHER COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE |

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| 648.83 | ABNORMAL GLUCOSE TOLERANCE OF MOTHER ANTEPARTUM |
| 648.84 | ABNORMAL GLUCOSE TOLERANCE OF MOTHER POSTPARTUM |
| 790.21 | IMPAIRED FASTING GLUCOSE |
| 790.22 | IMPAIRED GLUCOSE TOLERANCE TEST (ORAL) |
| 790.29 | OTHER ABNORMAL GLUCOSE |
| 790.6 | OTHER ABNORMAL BLOOD CHEMISTRY |
| 962.3 | POISONING BY INSULINS AND ANTIDIABETIC AGENTS |
| V12.2 | PERSONAL HISTORY OF ENDOCRINE METABOLIC AND IMMUNITY DISORDERS |
| V58.67 | LONG-TERM (CURRENT) USE OF INSULIN |
| V58.69 | LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS |

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| ID | 186137 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0022 |
| Subject | Hepatitis Panel/Acute Hepatitis Panel |

CPT/HCPCS Codes

80074 ACUTE HEPATITIS PANEL

ICD-9 Codes Covered

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| 070.0 - 070.9 | VIRAL HEPATITIS A WITH HEPATIC COMA |
| 456.0 - 456.21 | ESOPHAGEAL VARICES WITH BLEEDING |
| 570 | ACUTE AND SUBACUTE NECROSIS OF LIVER |
| 571.5 | CIRRHOSIS OF LIVER WITHOUT ALCOHOL |
| 572.0 - 572.8 | ABSCESS OF LIVER |
| 573.3 | HEPATITIS UNSPECIFIED |
| 780.31 | FEBRILE CONVULSIONS |
| 780.32 | COMPLEX FEBRILE CONVULSIONS |
| 780.71 | CHRONIC FATIGUE SYNDROME |
| 780.72 | FUNCTIONAL QUADRIPLÉGIA |
| 780.79 | OTHER MALAISE AND FATIGUE |
| 782.4 | JAUNDICE UNSPECIFIED NOT OF NEWBORN |
| 783.0 - 783.6 | ANOREXIA |
| 787.01 - 787.03 | NAUSEA WITH VOMITING |
| 789.00 - 789.09 | ABDOMINAL PAIN UNSPECIFIED SITE |
| 789.1 | HEPATOMEGALY |
| 789.61 | ABDOMINAL TENDERNESS RIGHT UPPER QUADRANT |
| 794.8 | NONSPECIFIC ABNORMAL RESULTS OF FUNCTION STUDY OF LIVER |
| 790.4 | NONSPECIFIC ELEVATION OF LEVELS OF TRANSAMINASE OR LACTIC ACID DEHYDROGENASE (LDH) |
| 996.82 | COMPLICATIONS OF TRANSPLANTED LIVER |
| V72.85 | OTHER SPECIFIED EXAMINATION |

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| ID | 186139 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0016 |
| Subject | Human Chorionic Gonadotropin |

CPT/HCPCS Codes

84702 GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE

ICD-9 Codes Covered

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| 158.0 | MALIGNANT NEOPLASM OF RETROPERITONEUM |
| 158.8 | MALIGNANT NEOPLASM OF SPECIFIED PARTS OF PERITONEUM |
| 164.2 | MALIGNANT NEOPLASM OF ANTERIOR MEDIASTINUM |
| 164.3 | MALIGNANT NEOPLASM OF POSTERIOR MEDIASTINUM |
| 164.8 | MALIGNANT NEOPLASM OF OTHER PARTS OF MEDIASTINUM |
| 164.9 | MALIGNANT NEOPLASM OF MEDIASTINUM PART UNSPECIFIED |
| 181 | MALIGNANT NEOPLASM OF PLACENTA |
| 183.0 | MALIGNANT NEOPLASM OF OVARY |
| 183.8 | MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF UTERINE ADNEXA |
| 186.0 | MALIGNANT NEOPLASM OF UNDESCENDED TESTIS |
| 186.9 | MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED TESTIS |
| 194.4 | MALIGNANT NEOPLASM OF PINEAL GLAND |
| 197.1 | SECONDARY MALIGNANT NEOPLASM OF MEDIASTINUM |
| 197.6 | SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM |
| 198.6 | SECONDARY MALIGNANT NEOPLASM OF OVARY |
| 198.82 | SECONDARY MALIGNANT NEOPLASM OF GENITAL ORGANS |
| 236.1 | NEOPLASM OF UNCERTAIN BEHAVIOR OF PLACENTA |
| 338.3 | NEOPLASM RELATED PAIN (ACUTE) (CHRONIC) |
| 623.8 | OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF VAGINA |
| 625.9 | UNSPECIFIED SYMPTOM ASSOCIATED WITH FEMALE GENITAL ORGANS |
| 630 | HYDATIDIFORM MOLE |
| 631 | OTHER ABNORMAL PRODUCT OF CONCEPTION |
| 632 | MISSED ABORTION |
| 633.9 | UNSPECIFIED ECTOPIC PREGNANCY |
| 633.90 | UNSPECIFIED ECTOPIC PREGNANCY WITHOUT INTRAUTERINE PREGNANCY |
| 633.91 | UNSPECIFIED ECTOPIC PREGNANCY WITH INTRAUTERINE PREGNANCY |
| 634.00 - 634.02 | SPONTANEOUS ABORTION UNSPECIFIED COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION |
| 640.00 - 640.03 | THREATENED ABORTION UNSPECIFIED AS TO EPISODE OF CARE |
| 642.30 - 642.34 | TRANSIENT HYPERTENSION OF PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE |
| 642.40 - 642.74 | MILD OR UNSPECIFIED PRE-ECLAMPSIA UNSPECIFIED AS TO EPISODE OF CARE |
| 642.90 - 642.94 | UNSPECIFIED HYPERTENSION COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE |
| 795.89 | OTHER ABNORMAL TUMOR MARKERS |
| V10.09 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER SITES IN GASTROINTESTINAL TRACT |
| V10.29 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER RESPIRATORY AND INTRATHORACIC ORGANS |
| V10.43 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY |
| V10.47 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TESTIS |
| V22.0 - V22.1 | SUPERVISION OF NORMAL FIRST PREGNANCY |

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| ID | 186077 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0003 |
| Subject | Human Immunodeficiency Virus Testing (Diagnosis) |

CPT/HCPCS Codes

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| 86689 | ANTIBODY; HTLV OR HIV ANTIBODY, CONFIRMATORY TEST (EG, WESTERN BLOT) |
| 86701 | ANTIBODY; HIV-1 |
| 86702 | ANTIBODY; HIV-2 |
| 86703 | ANTIBODY; HIV-1 AND HIV-2, SINGLE ASSAY |
| 87390 | INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; HIV-1 |
| 87391 | INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; HIV-2 |
| 87534 | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, DIRECT PROBE TECHNIQUE |
| 87535 | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, AMPLIFIED PROBE TECHNIQUE |
| 87537 | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, DIRECT PROBE TECHNIQUE |
| 87538 | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, AMPLIFIED PROBE TECHNIQUE |

ICD-9 Codes Covered

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| 003.1 | SALMONELLA SEPTICEMIA |
| 007.2 | COCCIDIOSIS |
| 007.4 | CRYPTOSPORIDIOSIS |
| 007.8 | OTHER SPECIFIED PROTOZOAL INTESTINAL DISEASES |
| 010.00 - 010.96 | PRIMARY TUBERCULOUS COMPLEX UNSPECIFIED EXAMINATION |
| 011.00 - 011.96 | TUBERCULOSIS OF LUNG INFILTRATIVE CONFIRMATION UNSPECIFIED |
| 012.00 - 012.86 | TUBERCULOUS PLEURISY CONFIRMATION UNSPECIFIED |
| 013.00 - 013.96 | TUBERCULOUS MENINGITIS UNSPECIFIED EXAMINATION |
| 014.00 - 014.86 | TUBERCULOUS PERITONITIS UNSPECIFIED EXAMINATION |
| 015.00 - 015.96 | TUBERCULOSIS OF VERTEBRAL COLUMN UNSPECIFIED EXAMINATION |
| 016.00 - 016.96 | TUBERCULOSIS OF KIDNEY UNSPECIFIED EXAMINATION |
| 017.00 - 017.96 | TUBERCULOSIS OF SKIN AND SUBCUTANEOUS CELLULAR TISSUE UNSPECIFIED EXAMINATION |
| 018.00 - 018.96 | ACUTE MILIARY TUBERCULOSIS UNSPECIFIED EXAMINATION |
| 027.0 | LISTERIOSIS |
| 031.0 - 031.9 | PULMONARY DISEASES DUE TO OTHER MYCOBACTERIA |
| 038.2 | PNEUMOCOCCAL SEPTICEMIA |
| 038.43 | SEPTICEMIA DUE TO PSEUDOMONAS |
| 039.0 - 039.9 | CUTANEOUS ACTINOMYCOTIC INFECTION |
| 041.7 | PSEUDOMONAS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE |
| 042 | HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE |
| 046.3 | PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY |
| 049.0 - 049.9 | NON-ARTHOPOD BORNE LYMPHOCYTIC CHORIOMENINGITIS |
| 052.0 - 052.8 | POSTVARICELLA ENCEPHALITIS |
| 053.0 - 053.9 | HERPES ZOSTER WITH MENINGITIS |

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| 053.14 | HERPES ZOSTER MYELITIS |
| 054.0 - 054.9 | ECZEMA HERPETICUM |
| 055.0 - 055.8 | POSTMEASLES ENCEPHALITIS |
| 070.20 - 070.23 | VIRAL HEPATITIS B WITH HEPATIC COMA ACUTE OR UNSPECIFIED WITHOUT HEPATITIS DELTA |
| 070.30 - 070.33 | VIRAL HEPATITIS B WITHOUT HEPATIC COMA ACUTE OR UNSPECIFIED WITHOUT HEPATITIS DELTA |
| 070.41 | ACUTE OR UNSPECIFIED HEPATITIS C WITH HEPATIC COMA |
| 070.42 | HEPATITIS DELTA WITHOUT ACTIVE HEPATITIS B DISEASE WITH HEPATIC COMA HEPATITIS DELTA WITH HEPATITIS B CARRIER STATE |
| 070.44 | CHRONIC HEPATITIS C WITH HEPATIC COMA |
| 070.49 | OTHER SPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA |
| 070.51 | ACUTE OR UNSPECIFIED HEPATITIS C WITHOUT HEPATIC COMA |
| 070.52 | HEPATITIS DELTA WITHOUT ACTIVE HEPATITIS B DISEASE OR HEPATIC COMA |
| 070.54 | CHRONIC HEPATITIS C WITHOUT HEPATIC COMA |
| 070.59 | OTHER SPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA |
| 070.6 | UNSPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA |
| 070.70 | UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA |
| 070.71 | UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA |
| 070.9 | UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA |
| 078.0 | MOLLUSCUM CONTAGIOSUM |
| 078.10 - 078.19 | VIRAL WARTS UNSPECIFIED |
| 078.3 | CAT-SCRATCH DISEASE |
| 078.5 | CYTOMEGALOVIRAL DISEASE |
| 078.88 | OTHER SPECIFIED DISEASES DUE TO CHLAMYDIAE |
| 079.50 | RETROVIRUS UNSPECIFIED |
| 079.51 | HUMAN T-CELL LYMPHOTROPIC VIRUS TYPE I [HTLV-I] |
| 079.52 | HUMAN T-CELL LYMPHOTROPIC VIRUS TYPE II [HTLV-II] |
| 079.53 | HUMAN IMMUNODEFICIENCY VIRUS TYPE 2 [HIV-2] |
| 079.59 | OTHER SPECIFIED RETROVIRUS |
| 079.83 | HUMAN PARVOVIRUS, PARVOVIRUS NOS |
| 079.88 | OTHER SPECIFIED CHLAMYDIAL INFECTION |
| 079.98 | UNSPECIFIED CHLAMYDIAL INFECTION |
| 085.0 - 085.9 | LEISHMANIASIS VISCERAL (KALA-AZAR) |
| 088.0 | BARTONELLOSIS |
| 090.0 - 090.9 | EARLY CONGENITAL SYPHILIS SYMPTOMATIC |
| 091.0 - 091.9 | GENITAL SYPHILIS (PRIMARY) |
| 092.0 - 092.9 | EARLY SYPHILIS LATENT SEROLOGICAL RELAPSE AFTER TREATMENT |
| 093.0 - 093.9 | ANEURYSM OF AORTA SPECIFIED AS SYPHILITIC |
| 094.0 - 094.9 | TABES DORSALIS |
| 095.0 - 095.9 | SYPHILITIC EPISCLERITIS |
| 096 | LATE SYPHILIS LATENT |
| 097.0 - 097.9 | LATE SYPHILIS UNSPECIFIED |
| 098.0 - 098.89 | GONOCOCCAL INFECTION (ACUTE) OF LOWER GENITOURINARY TRACT |
| 099.0 | CHANCROID |
| 099.1 | LYMPHOGRANULOMA VENEREUM |
| 099.2 | GRANULOMA INGUINALE |
| 099.3 | REITER'S DISEASE |
| 099.40 - 099.49 | OTHER NONGONOCOCCAL URETHRITIS UNSPECIFIED |
| 099.50 - 099.59 | OTHER VENEREAL DISEASES DUE TO CHLAMYDIA TRACHOMATIS UNSPECIFIED SITE |
| 099.8 | OTHER SPECIFIED VENEREAL DISEASES |
| 099.9 | VENEREAL DISEASE UNSPECIFIED |
| 110.1 | DERMATOPHYTOSIS OF NAIL |
| 111.0 | PITYRIASIS VERSICOLOR |
| 112.0 - 112.9 | CANDIDIASIS OF MOUTH |
| 114.0 - 114.9 | PRIMARY COCCIDIOIDOMYCOSIS (PULMONARY) |

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| 115.00 - 115.99 | INFECTION BY HISTOPLASMA CAPSULATUM WITHOUT MANIFESTATION |
| 116.0 - 116.2 | BLASTOMYCOSIS |
| 117.3 | ASPERGILLOSIS |
| 117.5 | CRYPTOCOCCOSIS |
| 118 | OPPORTUNISTIC MYCOSES |
| 127.2 | STRONGYLOIDIASIS |
| 130.0 - 130.9 | MENINGOENCEPHALITIS DUE TO TOXOPLASMOSIS |
| 131.01 | TRICHOMONAL VULVOVAGINITIS |
| 132.2 | PHTHIRUS PUBIS (PUBIC LOUSE) |
| 133.0 | SCABIES |
| 136.21 | SPECIFIC INFECTION DUE TO ACANTHAMOEBA |
| 136.29 | OTHER SPECIFIC INFECTION BY FREE-LIVING AMEBAE |
| 136.3 | PNEUMOCYSTOSIS |
| 136.8 | OTHER SPECIFIED INFECTIOUS AND PARASITIC DISEASES |
| 176.0 - 176.9 | KAPOSI'S SARCOMA SKIN |
| 180.0 - 180.9 | MALIGNANT NEOPLASM OF ENDOCERVIX |
| 200.20 - 200.28 | BURKITT'S TUMOR OR LYMPHOMA UNSPECIFIED SITE |
| 200.80 - 200.88 | OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA UNSPECIFIED SITE |
| 201.00 - 201.98 | HODGKIN'S PARAGRANULOMA UNSPECIFIED SITE |
| 263.0 | MALNUTRITION OF MODERATE DEGREE |
| 263.1 | MALNUTRITION OF MILD DEGREE |
| 263.9 | UNSPECIFIED PROTEIN-CALORIE MALNUTRITION |
| 280.0 - 280.9 | IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC) |
| 285.9 | ANEMIA UNSPECIFIED |
| 287.30-287.39 | PRIMARY THROMBOCYTOPENIA |
| 288.00 | NEUTROPENIA, UNSPECIFIED |
| 288.01 | CONGENITAL NEUTROPENIA |
| 288.02 | CYCLIC NEUTROPENIA |
| 288.03 | DRUG INDUCED NEUTROPENIA |
| 288.04 | NEUTROPENIA DUE TO INFECTION |
| 288.09 | OTHER NEUTROPENIA |
| 288.4 | HEMOPHAGOCYTIC |
| 288.50 | LEUKOCYTOPENIA, UNSPECIFIED |
| 288.51 | LYMPHOCYTOPENIA |
| 288.59 | OTHER DECREASED WHITE BLOOD CELL COUNT |
| 288.60 | LEUKOCYTOSIS, UNSPECIFIED |
| 288.61 | LYMPHOCYTOSIS (SYMPTOMATIC) |
| 288.62 | LEUKEMOID REACTION |
| 288.63 | MONOCYTOSIS (SYMPTOMATIC) |
| 288.64 | PLASMACYTOSIS |
| 288.65 | BASOPHILIA |
| 288.66 | BANDEMIA WITHOUT DIAGNOSIS OF SPECIFIC INFECTION |
| 288.69 | OTHER ELEVATED WHITE BLOOD CELL COUNT |
| 288.8 | OTHER SPECIFIED DISEASE OF WHITE BLOOD CELLS |
| 289.53 | NEUTROPENIC SPLENOMEGALY |
| 294.8 | OTHER SPECIFIED ORGANIC BRAIN SYNDROMES (CHRONIC) |
| 310.1 | ORGANIC PERSONALITY SYNDROME |
| 322.2 | CHRONIC MENINGITIS |
| 331.19 | OTHER FRONTOTEMPORAL DEMENTIA |
| 331.83 | MILD COGNITIVE IMPAIRMENT, SO STATED |
| 336.9 | UNSPECIFIED DISEASE OF SPINAL CORD |
| 348.30 | ENCEPHALOPATHY UNSPECIFIED |
| 348.39 | OTHER ENCEPHALOPATHY |
| 354.0 - 354.9 | CARPAL TUNNEL SYNDROME |
| 356.8 | OTHER SPECIFIED IDIOPATHIC PERIPHERAL NEUROPATHY |
| 363.20 | CHORIORETINITIS UNSPECIFIED |
| 425.4 | OTHER PRIMARY CARDIOMYOPATHIES |

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| 473.0 - 473.9 | CHRONIC MAXILLARY SINUSITIS |
| 481 - 482.9 | PNEUMOCOCCAL PNEUMONIA [STREPTOCOCCUS PNEUMONIAE PNEUMONIA] |
| 484.1 | PNEUMONIA IN CYTOMEGALIC INCLUSION DISEASE |
| 486 | PNEUMONIA ORGANISM UNSPECIFIED |
| 512.8 | OTHER SPONTANEOUS PNEUMOTHORAX |
| 516.8 | OTHER SPECIFIED ALVEOLAR AND PARIETOALVEOLAR PNEUMONOPATHIES |
| 528.2 | ORAL APHTHAE |
| 528.6 | LEUKOPLAKIA OF ORAL MUCOSA INCLUDING TONGUE |
| 530.20 | ULCER OF ESOPHAGUS WITHOUT BLEEDING |
| 530.21 | ULCER OF ESOPHAGUS WITH BLEEDING |
| 530.85 | BARRETT'S ESOPHAGUS |
| 583.9 | NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY |
| 588.81 | SECONDARY HYPERPARATHYROIDISM (OF RENAL ORIGIN) |
| 588.89 | OTHER SPECIFIED DISORDERS RESULTING FROM IMPAIRED RENAL FUNCTION |
| 647.60 - 647.64 | OTHER VIRAL DISEASES OF MOTHER COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE |
| 682.0 - 682.9 | CELLULITIS AND ABSCESS OF FACE |
| 690.10 - 690.18 | SEBORRHEIC DERMATITIS UNSPECIFIED |
| 696.1 | OTHER PSORIASIS AND SIMILAR DISORDERS |
| 698.3 | LICHENIFICATION AND LICHEN SIMPLEX CHRONICUS |
| 704.8 | OTHER SPECIFIED DISEASES OF HAIR AND HAIR FOLLICLES |
| 706.0 - 706.9 | ACNE VARIOLIFORMIS |
| 780.60 | FEVER, UNSPECIFIED |
| 780.61 | FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE |
| 780.62 | POSTPROCEDURAL FEVER |
| 780.63 | POSTVACCINATION FEVER |
| 780.64 | CHILLS (WITHOUT FEVER) |
| 780.65 | HYPOTHERMIA NOT ASSOCIATED WITH LOW ENVIRONMENTAL TEMPERATURE |
| 780.79 | OTHER MALAISE AND FATIGUE |
| 783.21 | LOSS OF WEIGHT |
| 783.40 | UNSPECIFIED LACK OF NORMAL PHYSIOLOGICAL DEVELOPMENT |
| 785.6 | ENLARGEMENT OF LYMPH NODES |
| 786.00 | RESPIRATORY ABNORMALITY UNSPECIFIED |
| 786.05 | SHORTNESS OF BREATH |
| 786.2 | COUGH |
| 786.3 | HEMOPTYSIS |
| 786.4 | ABNORMAL SPUTUM |
| 787.91 | DIARRHEA |
| 795.71 | NONSPECIFIC SEROLOGIC EVIDENCE OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) |
| 799.4 | CACHEXIA |
| V01.71 | CONTACT OR EXPOSURE TO VARICELLA |
| V01.79 | CONTACT OR EXPOSURE TO OTHER VIRAL DISEASES |
| V71.5 | OBSERVATION FOLLOWING ALLEGED RAPE OR SEDUCTION |

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| ID | 186140 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0002 |
| Subject | Human Immunodeficiency Virus Testing (Prognosis Including Monitoring) |

CPT/HCPCS Codes

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| 87536 | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, QUANTIFICATION |
| 87539 | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, QUANTIFICATION |

ICD-9 Codes Covered

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| 042 | HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE |
| 079.53 | HUMAN IMMUNODEFICIENCY VIRUS TYPE 2 [HIV-2] |
| 647.60 - 647.64 | OTHER VIRAL DISEASES OF MOTHER COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE |
| 795.71 | NONSPECIFIC SEROLOGIC EVIDENCE OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) |
| V08 | ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION STATUS |

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| ID | 186112 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Expiration Date | 03/31/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0007 |
| Subject | Serum Iron Studies |

CPT/HCPCS Codes

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| 82728 | FERRITIN |
| 83540 | IRON |
| 83550 | IRON BINDING CAPACITY |
| 84466 | TRANSFERRIN |

ICD-9 Codes Covered

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| 002.0 - 002.9 | TYPHOID FEVER |
| 003.0 - 003.9 | SALMONELLA GASTROENTERITIS |
| 006.0 - 006.9 | ACUTE AMEBIC DYSENTERY WITHOUT ABSCESS |
| 007.0 - 007.9 | BALANTIDIASIS |
| 008.00 - 008.8 | INTESTINAL INFECTION DUE TO E. COLI UNSPECIFIED |
| 009.0 - 009.3 | INFECTIOUS COLITIS ENTERITIS AND GASTROENTERITIS |
| 011.50 - 011.56 | TUBERCULOUS BRONCHIECTASIS UNSPECIFIED EXAMINATION |
| 014.00 - 014.86 | TUBERCULOUS PERITONITIS UNSPECIFIED EXAMINATION |
| 015.00 - 015.96 | TUBERCULOSIS OF VERTEBRAL COLUMN UNSPECIFIED EXAMINATION |
| 016.00 - 016.06 | TUBERCULOSIS OF KIDNEY UNSPECIFIED EXAMINATION |
| 016.10 - 016.16 | TUBERCULOSIS OF BLADDER UNSPECIFIED EXAMINATION |
| 016.20 - 016.26 | TUBERCULOSIS OF URETER UNSPECIFIED EXAMINATION |
| 016.30 - 016.36 | TUBERCULOSIS OF OTHER URINARY ORGANS UNSPECIFIED EXAMINATION |
| 042 | HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE |
| 070.0 - 070.9 | VIRAL HEPATITIS A WITH HEPATIC COMA |
| 140.0 - 149.9 | MALIGNANT NEOPLASM OF UPPER LIP VERMILION BORDER |
| 150.0 - 159.9 | MALIGNANT NEOPLASM OF CERVICAL ESOPHAGUS |
| 160.0 - 165.9 | MALIGNANT NEOPLASM OF NASAL CAVITIES |
| 170.0 - 176.9 | MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE EXCEPT MANDIBLE |
| 179 - 189.9 | MALIGNANT NEOPLASM OF UTERUS-PART UNS |
| 190.0 - 199.1 | MALIGNANT NEOPLASM OF EYEBALL EXCEPT CONJUNCTIVA CORNEA RETINA AND CHOROID |
| 199.2 | MALIGNANT NEOPLASM ASSOCIATED WITH TRANSPLANTED ORGAN |
| 200.00 - 208.91 | RETICULOSARCOMA UNSPECIFIED SITE |
| 209.00 | MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION |
| 209.01 | MALIGNANT CARCINOID TUMOR OF THE DUODENUM |
| 209.02 | MALIGNANT CARCINOID TUMOR OF THE JEJUNUM |
| 209.03 | MALIGNANT CARCINOID TUMOR OF THE ILEUM |
| 209.10 | MALIGNANT CARCINOID TUMOR OF THE LARGE INTESTINE, UNSPECIFIED PORTION |
| 209.11 | MALIGNANT CARCINOID TUMOR OF THE APPENDIX |
| 209.12 | MALIGNANT CARCINOID TUMOR OF THE CECUM |
| 209.13 | MALIGNANT CARCINOID TUMOR OF THE ASCENDING COLON |
| 209.14 | MALIGNANT CARCINOID TUMOR OF THE TRANSVERSE COLON |
| 209.15 | MALIGNANT CARCINOID TUMOR OF THE DESCENDING COLON |
| 209.16 | MALIGNANT CARCINOID TUMOR OF THE SIGMOID COLON |
| 209.17 | MALIGNANT CARCINOID TUMOR OF THE RECTUM |

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| 209.20 | MALIGNANT CARCINOID TUMOR OF UNKNOWN PRIMARY SITE |
| 209.21 | MALIGNANT CARCINOID TUMOR OF THE BRONCHUS AND LUNG |
| 209.22 | MALIGNANT CARCINOID TUMOR OF THE THYMUS |
| 209.23 | MALIGNANT CARCINOID TUMOR OF THE STOMACH |
| 209.24 | MALIGNANT CARCINOID TUMOR OF THE KIDNEY |
| 209.25 | MALIGNANT CARCINOID TUMOR OF THE FOREGUT NOS |
| 209.26 | MALIGNANT CARCINOID TUMOR OF THE MIDGUT NOS |
| 209.27 | MALIGNANT CARCINOID TUMOR OF THE HINDGUT NOS |
| 209.29 | MALIGNANT CARCINOID TUMOR OF OTHER SITES |
| 209.30 | MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE CARCINOMA, ANY SITE |
| 209.40 | BENIGN CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION |
| 209.41 | BENIGN CARCINOID TUMOR OF THE DUODENUM |
| 209.42 | BENIGN CARCINOID TUMOR OF THE JEJUNUM |
| 209.43 | BENIGN CARCINOID TUMOR OF THE ILIUM |
| 209.50 | BENIGN CARCINOID TUMOR OF THE LARGE INTESTINE, UNSPECIFIED PORTION |
| 209.51 | BENIGN CARCINOID TUMOR OF THE APPENDIX |
| 209.52 | BENIGN CARCINOID TUMOR OF THE CECUM |
| 209.53 | BENIGN CARCINOID TUMOR OF THE ASCENDING COLON |
| 209.54 | BENIGN CARCINOID TUMOR OF THE TRANSVERSE COLON |
| 209.55 | BENIGN CARCINOID TUMOR OF THE DESCENDING COLON |
| 209.56 | BENIGN CARCINOID TUMOR OF THE SIGMOID COLON |
| 209.57 | BENIGN CARCINOID TUMOR OF THE RECTUM |
| 209.60 | BENIGN CARCINOID TUMOR OF UNKNOWN PRIMARY SITE |
| 209.61 | BENIGN CARCINOID TUMOR OF THE BRONCHUS AND LUNG |
| 209.62 | BENIGN CARCINOID TUMOR OF THE THYMUS |
| 209.63 | BENIGN CARCINOID TUMOR OF THE STOMACH |
| 209.64 | BENIGN CARCINOID TUMOR OF THE KIDNEY |
| 209.65 | BENIGN CARCINOID TUMOR OF THE FOREGUT NOS |
| 209.66 | BENIGN CARCINOID TUMOR OF THE MIDGUT NOS |
| 209.67 | BENIGN CARCINOID TUMOR OF THE HINDGUT NOS |
| 209.69 | BENIGN CARCINOID TUMOR OF OTHER SITES |
| 210.0 - 229.9 | BENIGN NEOPLAS M OF LIP |
| 230.0 - 234.9 | CARCINOMA IN SITU OF LIP ORAL CAVITY AND PHARYNX |
| 235.0 - 238.9 | NEOPLASM OF UNCERTAIN BEHAVIOR OF MAJOR SALIVARY GLANDS |
| 239.0 - 239.9 | NEOPLASM OF UNSPECIFIED NATURE OF DIGESTIVE SYSTEM |
| 249.00 – 249.01 | SECONDARY DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.10 – 249.11 | SECONDARY DIABETES MELLITUS WITH KETOACIDOSIS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.20 – 249.21 | SECONDARY DIABETES MELLITUS WITH HYEROSMOLARITY, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.30 – 249.31 | SECONDARY DIABETES MELLITUS WITH OTHER COMA, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.40 – 249.41 | SECONDARY DIABETES MELLITUS WITH RENAL MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.50 – 249.51 | SECONDARY DIABETES MELLITUS WITH OPHTHALMIC MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.60 – 249.61 | SECONDARY DIABETES MELLITUS WITH NEUROLOGICAL MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.70 – 249.71 | SECONDARY DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY DISORDERS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.80 – 249.81 | SECONDARY DIABETES MELLITUS WITH OTHER SPECIFIED MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.90 – 249.91 | SECONDARY DIABETES MELLITUS WITH UNSPECIFIED COMPLICATION, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |

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| 250.00 - 250.93 | DIABETES MELLITUS WITHOUT COMPLICATION TYPE II OR UNSPECIFIED TYPE NOT STATED AS UNCONTROLLED |
| 253.2 | PANHYPOPITUITARISM |
| 253.7 | IATROGENIC PITUITARY DISORDERS |
| 253.8 | OTHER DISORDERS OF THE PITUITARY AND OTHER SYNDROMES OF DIENCEPHALOHYPHYSSEAL ORIGIN |
| 256.31 - 256.39 | PREMATURE MENOPAUSE |
| 257.2 | OTHER TESTICULAR HYPOFUNCTION |
| 260 | KWASHIORKOR |
| 261 | NUTRITIONAL MARASMUS |
| 262 | OTHER SEVERE PROTEIN-CALORIE MALNUTRITION |
| 263.0 - 263.9 | MALNUTRITION OF MODERATE DEGREE |
| 275.0 | DISORDERS OF IRON METABOLISM |
| 277.1 | DISORDERS OF PORPHYRIN METABOLISM |
| 280.0 - 280.9 | IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC) |
| 281.0 - 281.9 | PERNICIOUS ANEMIA |
| 282.41 | SICKLE-CELL THALASSEMIA WITHOUT CRISIS |
| 282.42 | SICKLE-CELL THALASSEMIA WITH CRISIS |
| 282.49 | OTHER THALASSEMIA |
| 282.61 | HB-SS DISEASE WITHOUT CRISIS |
| 282.62 | HB-SS DISEASE WITH CRISIS |
| 282.63 | SICKLE-CELL/HB-C DISEASE WITHOUT CRISIS |
| 282.64 | SICKLE-CELL/HB C DISEASE WITH CRISIS |
| 282.68 | OTHER SICKLE-CELL DISEASE WITHOUT CRISIS |
| 282.69 | OTHER SICKLE-CELL DISEASE WITH CRISIS |
| 285.0 | SIDEROBLASTIC ANEMIA |
| 285.1 | ACUTE POSTHEMORRHAGIC ANEMIA |
| 285.21 | ANEMIA IN END-STAGE RENAL DISEASE |
| 285.22 | ANEMIA IN NEOPLASTIC DISEASE |
| 285.29 | ANEMIA OF OTHER CHRONIC DISEASE |
| 285.9 | ANEMIA UNSPECIFIED |
| 286.0 - 286.9 | CONGENITAL FACTOR VIII DISORDER |
| 287.0 - 287.9 | ALLERGIC PURPURA |
| 289.52 | SPLENIC SEQUESTRATION |
| 306.4 | GASTROINTESTINAL MALFUNCTION ARISING FROM MENTAL FACTORS |
| 307.1 | ANOREXIA NERVOSA |
| 307.50 - 307.59 | EATING DISORDER UNSPECIFIED |
| 403.01 | HYPERTENSIVE RENAL DISEASE, MALIGNANT, WITH RENAL FAILURE |
| 403.11 | HYPERTENSIVE RENAL DISEASE, BENIGN, WITH RENAL FAILURE |
| 403.91 | HYPERTENSIVE RENAL DISEASE, UNSPECIFIED, WITH RENAL FAILURE |
| 404.02 | HYPERTENSIVE HEART AND RENAL DISEASE, MALIGNANT, WITH RENAL FAILURE |
| 404.03 | HYPERTENSIVE HEART AND RENAL DISEASE, MALIGNANT, WITH HEART AND RENAL FAILURE |
| 404.12 | HYPERTENSIVE HEART AND RENAL DISEASE, BENIGN, WITH RENAL FAILURE |
| 404.13 | HYPERTENSIVE HEART AND RENAL DISEASE, BENIGN, WITH HEART AND RENAL FAILURE |
| 404.92 | HYPERTENSIVE HEART AND RENAL DISEASE, UNSPECIFIED, WITH RENAL FAILURE |
| 404.93 | HYPERTENSIVE HEART AND RENAL DISEASE, UNSPECIFIED, WITH HEART AND RENAL FAILURE |
| 425.4 | OTHER PRIMARY CARDIOMYOPATHIES |
| 425.5 | ALCOHOLIC CARDIOMYOPATHY |
| 425.7 | NUTRITIONAL AND METABOLIC CARDIOMYOPATHY |
| 425.8 | CARDIOMYOPATHY IN OTHER DISEASES CLASSIFIED ELSEWHERE |
| 425.9 | SECONDARY CARDIOMYOPATHY UNSPECIFIED |
| 426.0 - 426.9 | ATRIOVENTRICULAR BLOCK COMPLETE |

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| 427.0 - 427.9 | PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA |
| 428.0 - 428.9 | CONGESTIVE HEART FAILURE UNSPECIFIED |
| 530.7 | GASTROESOPHAGEAL LACERATION-HEMORRHAGE SYNDROME |
| 530.82 | ESOPHAGEAL HEMORRHAGE |
| 531.00 - 531.91 | ACUTE GASTRIC ULCER WITH HEMORRHAGE WITHOUT OBSTRUCTION |
| 532.00 - 532.91 | ACUTE DUODENAL ULCER WITH HEMORRHAGE WITHOUT OBSTRUCTION |
| 533.00 - 533.91 | ACUTE PEPTIC ULCER OF UNSPECIFIED SITE WITH HEMORRHAGE WITHOUT OBSTRUCTION |
| 534.00 - 534.91 | ACUTE GASTROJEJUNAL ULCER WITH HEMORRHAGE WITHOUT OBSTRUCTION |
| 535.00 - 535.61 | ACUTE GASTRITIS (WITHOUT HEMORRHAGE) |
| 536.0 - 536.9 | ACHLORHYDRIA |
| 537.83 | ANGIODYSPLASIA OF STOMACH AND DUODENUM WITH HEMORRHAGE |
| 537.84 | DIEULAFOY LESION (HEMORRHAGIC) OF STOMACH AND DUODENUM |
| 555.0 - 555.9 | REGIONAL ENTERITIS OF SMALL INTESTINE |
| 556.0 - 556.9 | ULCERATIVE (CHRONIC) ENTEROCOLITIS |
| 557.0 | ACUTE VASCULAR INSUFFICIENCY OF INTESTINE |
| 557.1 | CHRONIC VASCULAR INSUFFICIENCY OF INTESTINE |
| 562.02 | DIVERTICULOSIS OF SMALL INTESTINE WITH HEMORRHAGE |
| 562.03 | DIVERTICULITIS OF SMALL INTESTINE WITH HEMORRHAGE |
| 562.12 | DIVERTICULOSIS OF COLON WITH HEMORRHAGE |
| 562.13 | DIVERTICULITIS OF COLON WITH HEMORRHAGE |
| 569.3 | HEMORRHAGE OF RECTUM AND ANUS |
| 569.85 | ANGIODYSPLASIA OF INTESTINE WITH HEMORRHAGE |
| 569.86 | DIEULAFOY LESION (HEMORRHAGIC) OF INTESTINE |
| 570 | ACUTE AND SUBACUTE NECROSIS OF LIVER |
| 571.0 - 571.9 | ALCOHOLIC FATTY LIVER |
| 572.0 - 572.8 | ABSCESS OF LIVER |
| 573.0 - 573.9 | CHRONIC PASSIVE CONGESTION OF LIVER |
| 578.0 - 578.9 | HEMATEMESIS |
| 579.0 - 579.3 | CELIAC DISEASE |
| 579.8 - 579.9 | OTHER SPECIFIED INTESTINAL MALABSORPTION |
| 581.0 - 581.9 | NEPHROTIC SYNDROME WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS |
| 585.4-585.9 | CHRONIC KIDNEY DISEASE |
| 586 | RENAL FAILURE UNSPECIFIED |
| 608.3 | ATROPHY OF TESTIS |
| 626.0 - 626.9 | ABSENCE OF MENSTRUATION |
| 627.0 | PREMENOPAUSAL MENORRHAGIA |
| 627.1 | POSTMENOPAUSAL BLEEDING |
| 648.20 - 648.24 | ANEMIA OF MOTHER COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE |
| 698.0 - 698.9 | PRURITUS ANI |
| 704.00 - 704.09 | ALOPECIA UNSPECIFIED |
| 709.00 - 709.09 | DYSCHROMIA UNSPECIFIED |
| 713.0 | ARTHROPATHY ASSOCIATED WITH OTHER ENDOCRINE AND METABOLIC DISORDERS |
| 716.40 - 716.99 | TRANSIENT ARTHROPATHY SITE UNSPECIFIED |
| 719.40 - 719.49 | PAIN IN JOINT SITE UNSPECIFIED |
| 773.2 | HEMOLYTIC DISEASE OF FETUS OR NEWBORN DUE TO OTHER AND UNSPECIFIED ISOIMMUNIZATION |
| 773.3 | HYDROPS FETALIS DUE TO ISOIMMUNIZATION |
| 773.4 | KERNICTERUS OF FETUS OR NEWBORN DUE TO ISOIMMUNIZATION |
| 773.5 | LATE ANEMIA OF FETUS OR NEWBORN DUE TO ISOIMMUNIZATION |
| 783.9 | OTHER SYMPTOMS CONCERNING NUTRITION METABOLISM AND DEVELOPMENT |
| 790.01 | PRECIPITOUS DROP IN HEMATOCRIT |
| 790.09 | OTHER ABNORMALITY OF RED BLOOD CELLS |

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| 790.4 | NONSPECIFIC ELEVATION OF LEVELS OF TRANSAMINASE OR LACTIC ACID DEHYDROGENASE (LDH) |
| 790.5 | OTHER NONSPECIFIC ABNORMAL SERUM ENZYME LEVELS |
| 790.6 | OTHER ABNORMAL BLOOD CHEMISTRY |
| 799.4 | CACHEXIA |
| 964.0 | POISONING BY IRON AND ITS COMPOUNDS |
| 984.0 - 984.9 | TOXIC EFFECT OF INORGANIC LEAD COMPOUNDS |
| 996.85 | COMPLICATIONS OF TRANSPLANTED BONE MARROW |
| 999.89 | OTHER TRANSFUSION REACTION |
| V08 | ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION STATUS |
| V12.1 | PERSONAL HISTORY OF NUTRITIONAL DEFICIENCY |
| V12.3 | PERSONAL HISTORY OF DISEASES OF BLOOD AND BLOOD-FORMING ORGANS |
| V15.1 | PERSONAL HISTORY OF SURGERY TO HEART AND GREAT VESSELS PRESENTING HAZARDS TO HEALTH |
| V15.21 | PERSONAL HISTORY OF UNDERGOING IN UTERO PROCEDURE DURING PREGNANCY |
| V15.22 | PERSONAL HISTORY OF UNDERGOING IN UTERO PROCEDURE WHILE A FETUS |
| V15.29 | PERSONAL HISTORY OF SURGERY TO OTHER ORGANS |
| V43.21 | HEART REPLACED BY HEART ASSIST DEVICE |
| V43.22 | HEART REPLACED BY FULLY IMPLANTABLE ARTIFICIAL HEART |
| V43.3 | HEART VALVE REPLACED BY OTHER MEANS |
| V43.4 | BLOOD VESSEL REPLACED BY OTHER MEANS |
| V43.60 | UNSPECIFIED JOINT REPLACEMENT |
| V56.0 | AFTERCARE INVOLVING EXTRACORPOREAL DIALYSIS |
| V56.8 | AFTERCARE INVOLVING OTHER DIALYSIS |

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| ID | 186130 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
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| States Affected | NA |
| Policy Number | CMS-0012 |
| Subject | Lipid Testing |

CPT/HCPCS Codes

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| 80061 | LIPID PANEL |
| 82465 | CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL |
| 83700 | LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPARATION AND QUANTITATION |
| 83701 | LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEINS INCLUDING LIPOPROTEIN SUBCLASSES WHEN PERFORMED (EG, ELECTROPHORESIS, ULTRACENTRIFUGATION) |
| 83704 | LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBERS AND LIPOPROTEIN PARTICLE SUBCLASSES (EG, BY NUCLEAR MAGNETIC RESONANCE SPECTROSCOPY) |
| 83718 | LIPOPROTEIN, DIRECT MEASUREMENT; HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL) |
| 83721 | LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT, LDL CHOLESTEROL |
| 84478 | TRIGLYCERIDES |

ICD-9 Codes Covered

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| 242.00 - 245.9 | TOXIC DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM |
| 249.00 – 249.01 | SECONDARY DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.10 – 249.11 | SECONDARY DIABETES MELLITUS WITH KETOACIDOSIS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.20 – 249.21 | SECONDARY DIABETES MELLITUS WITH HYPEROSMOLARITY, OR UNSPECIFIED |
| 249.30 – 249.31 | SECONDARY DIABETES MELLITUS WITH OTHER COMA, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.40 – 249.41 | SECONDARY DIABETES MELLITUS WITH RENAL MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.50 – 249.51 | SECONDARY DIABETES MELLITUS WITH OPHTHALMIC MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.60 – 249.61 | SECONDARY DIABETES MELLITUS WITH NEUROLOGICAL MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.70 – 249.71 | SECONDARY DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY DISORDERS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.80 – 249.81 | SECONDARY DIABETES MELLITUS WITH OTHER SPECIFIED MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.90 – 249.91 | SECONDARY DIABETES MELLITUS WITH UNSPECIFIED COMPLICATION, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 250.00 - 250.93 | DIABETES MELLITUS WITHOUT COMPLICATION TYPE II OR UNSPECIFIED TYPE NOT STATED AS UNCONTROLLED |
| 255.0 | CUSHING'S SYNDROME |
| 260 | KWASHIORKOR |
| 261 | NUTRITIONAL MARASMUS |
| 262 | OTHER SEVERE PROTEIN-CALORIE MALNUTRITION |
| 263.0 | MALNUTRITION OF MODERATE DEGREE |
| 263.1 | MALNUTRITION OF MILD DEGREE |
| 263.8 | OTHER PROTEIN-CALORIE MALNUTRITION |

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| 263.9 | UNSPECIFIED PROTEIN-CALORIE MALNUTRITION |
| 270.0 | DISTURBANCES OF AMINO-ACID TRANSPORT |
| 271.1 | GALACTOSEMIA |
| 272.0 | PURE HYPERCHOLESTEROLEMIA |
| 272.1 | PURE HYPERGLYCERIDEMIA |
| 272.2 | MIXED HYPERLIPIDEMIA |
| 272.3 | HYPERCHYLOMICRONEMIA |
| 272.4 | OTHER AND UNSPECIFIED HYPERLIPIDEMIA |
| 272.5 | LIPOPROTEIN DEFICIENCIES |
| 272.6 | LIPODYSTROPHY |
| 272.7 | LIPIDOSES |
| 272.8 | OTHER DISORDERS OF LIPOID METABOLISM |
| 272.9 | UNSPECIFIED DISORDER OF LIPOID METABOLISM |
| 277.30 | AMYLOIDOSIS, UNSPECIFIED |
| 277.31 | AMYLOIDOSIS, FAMILIAL MEDITERRANEAN FEVER |
| 277.39 | OTHER AMYLOIDOSIS |
| 278.00 | OBESITY UNSPECIFIED |
| 278.01 | MORBID OBESITY |
| 278.02 | OVERWEIGHT |
| 303.90 - 303.92 | OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE UNSPECIFIED DRINKING BEHAVIOR |
| 362.10 - 362.16 | BACKGROUND RETINOPATHY UNSPECIFIED |
| 362.30 - 362.34 | RETINAL VASCULAR OCCLUSION UNSPECIFIED |
| 362.82 | RETINAL EXUDATES AND DEPOSITS |
| 371.41 | SENILE CORNEAL CHANGES |
| 374.51 | XANTHELASMA OF EYELID |
| 379.22 | CRYSTALLINE DEPOSITS IN VITREOUS |
| 388.00 | DEGENERATIVE AND VASCULAR DISORDERS UNSPECIFIED |
| 388.02 | TRANSIENT ISCHEMIC DEAFNESS |
| 401.0 | MALIGNANT ESSENTIAL HYPERTENSION |
| 401.1 | BENIGN ESSENTIAL HYPERTENSION |
| 401.9 | UNSPECIFIED ESSENTIAL HYPERTENSION |
| 402.00 - 402.91 | MALIGNANT HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE |
| 403.00 - 403.91 | MALIGNANT HYPERTENSIVE RENAL DISEASE WITHOUT RENAL FAILURE |
| 404.00 - 404.93 | MALIGNANT HYPERTENSIVE HEART AND RENAL DISEASE WITHOUT HEART FAILURE OR RENAL FAILURE |
| 405.01 - 405.99 | MALIGNANT RENOVASCULAR HYPERTENSION |
| 410.00 - 410.92 | ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE UNSPECIFIED |
| 411.0 - 411.1 | POSTMYOCARDIAL INFARCTION SYNDROME |
| 411.81 | ACUTE CORONARY OCCLUSION WITHOUT MYOCARDIAL INFARCTION |
| 411.89 | OTHER ACUTE AND SUBACUTE FORMS OF ISCHEMIC HEART DISEASE OTHER |
| 412 | OLD MYOCARDIAL INFARCTION |
| 413.0 - 413.1 | ANGINA DECUBITUS |
| 413.9 | OTHER AND UNSPECIFIED ANGINA PECTORIS |
| 414.00 - 414.03 | CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF VESSEL NATIVE OR GRAFT |
| 414.04 | CORONARY ATHEROSCLEROSIS OF ARTERY BYPASS GRAFT |
| 414.05 | CORONARY ATHEROSCLEROSIS OF UNSPECIFIED BYPASS GRAFT |
| 414.06 | CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY OF TRANSPLANTED HEART |
| 414.07 | CORONARY ATHEROSCLEROSIS OF BYPASS GRAFT (ARTERY) (VEIN) OF TRANSPLANTED HEART |
| 414.10 | ANEURYSM OF HEART (WALL) |
| 414.11 | ANEURYSM OF CORONARY VESSELS |
| 414.12 | DISSECTION OF CORONARY ARTERY |
| 414.19 | OTHER ANEURYSM OF HEART |

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| 414.8 | OTHER SPECIFIED FORMS OF CHRONIC ISCHEMIC HEART DISEASE |
| 414.9 | CHRONIC ISCHEMIC HEART DISEASE UNSPECIFIED |
| 428.0 - 428.9 | CONGESTIVE HEART FAILURE UNSPECIFIED |
| 429.2 | CARDIOVASCULAR DISEASE UNSPECIFIED |
| 429.9 | HEART DISEASE UNSPECIFIED |
| 431 | INTRACEREBRAL HEMORRHAGE |
| 433.00 - 433.91 | OCCLUSION AND STENOSIS OF BASILAR ARTERY WITHOUT CEREBRAL INFARCTION |
| 434.00 - 434.91 | CEREBRAL THROMBOSIS WITHOUT CEREBRAL INFARCTION |
| 435.0 - 435.9 | BASILAR ARTERY SYNDROME |
| 437.0 | CEREBRAL ATHEROSCLEROSIS |
| 437.1 | OTHER GENERALIZED ISCHEMIC CEREBROVASCULAR DISEASE |
| 437.5 | MOYAMOYA DISEASE |
| 438.0 - 438.9 | COGNITIVE DEFICITS |
| 440.0 - 440.9 | ATHEROSCLEROSIS OF AORTA |
| 441.00 - 441.9 | DISSECTION OF AORTA ANEURYSM UNSPECIFIED SITE |
| 442.0 | ANEURYSM OF ARTERY OF UPPER EXTREMITY |
| 442.1 | ANEURYSM OF RENAL ARTERY |
| 442.2 | ANEURYSM OF ILIAC ARTERY |
| 444.0 - 444.9 | EMBOLISM AND THROMBOSIS OF ABDOMINAL AORTA |
| 557.1 | CHRONIC VASCULAR INSUFFICIENCY OF INTESTINE |
| 571.8 | OTHER CHRONIC NONALCOHOLIC LIVER DISEASE |
| 571.9 | UNSPECIFIED CHRONIC LIVER DISEASE WITHOUT ALCOHOL |
| 573.8 | OTHER SPECIFIED DISORDERS OF LIVER |
| 573.9 | UNSPECIFIED DISORDER OF LIVER |
| 577.0 - 577.9 | ACUTE PANCREATITIS |
| 579.3 | OTHER AND UNSPECIFIED POSTSURGICAL NONABSORPTION |
| 579.8 | OTHER SPECIFIED INTESTINAL MALABSORPTION |
| 581.0 - 581.9 | NEPHROTIC SYNDROME WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS |
| 584.5 | ACUTE RENAL FAILURE WITH LESION OF TUBULAR NECROSIS |
| 585.4-585.9 | CHRONIC KIDNEY DISEASE |
| 588.0 | RENAL OSTEODYSTROPHY |
| 588.1 | NEPHROGENIC DIABETES INSIPIDUS |
| 588.81 | SECONDARY HYPERPARATHYROIDISM (OF RENAL ORIGIN) |
| 588.89 | OTHER SPECIFIED DISORDERS RESULTING FROM IMPAIRED RENAL FUNCTION |
| 588.9 | UNSPECIFIED DISORDER RESULTING FROM IMPAIRED RENAL FUNCTION |
| 607.84 | IMPOTENCE OF ORGANIC ORIGIN |
| 646.70 - 646.71 | LIVER DISORDERS IN PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE |
| 646.73 | ANTEPARTUM LIVER DISORDERS |
| 648.10 - 648.14 | THYROID DYSFUNCTION OF MOTHER COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE |
| 696.0 | PSORIATIC ARTHROPATHY |
| 696.1 | OTHER PSORIASIS AND SIMILAR DISORDERS |
| 751.61 | BILIARY ATRESIA CONGENITAL |
| 764.10 - 764.19 | LIGHT-FOR-DATES INFANT WITH SIGNS OF FETAL MALNUTRITION UNSPECIFIED WEIGHT |
| 786.50 | UNSPECIFIED CHEST PAIN |
| 786.51 | PRECORDIAL PAIN |
| 786.59 | OTHER CHEST PAIN |
| 789.1 | HEPATOMEGALY |
| 790.4 | NONSPECIFIC ELEVATION OF LEVELS OF TRANSAMINASE OR LACTIC ACID DEHYDROGENASE (LDH) |
| 790.5 | OTHER NONSPECIFIC ABNORMAL SERUM ENZYME LEVELS |
| 790.6 | OTHER ABNORMAL BLOOD CHEMISTRY |
| 793.4 | NONSPECIFIC ABNORMAL FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF GASTROINTESTINAL TRACT |

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| 987.9 | TOXIC EFFECT OF UNSPECIFIED GAS FUME OR VAPOR |
| 996.81 | COMPLICATIONS OF TRANSPLANTED KIDNEY |
| V42.0 | KIDNEY REPLACED BY TRANSPLANT |
| V42.7 | LIVER REPLACED BY TRANSPLANT |
| V58.63 | LONG-TERM (CURRENT) USE OF ANTIPLATELETS/ANTITHROMBOTICS |
| V58.64 | LONG-TERM (CURRENT) USE OF NONSTEROIDAL ANTI-INFLAMMATORIES |
| V58.69 | LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS |
| V81.0-V81.2 Covered for procedure codes 80061, 82465, 83718 and 84478 ONLY | |

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| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Expiration Date | 03/31/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0005 |
| Subject | Partial Thromboplastin Time |

CPT/HCPCS Codes

85730 THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLOOD

ICD-9 Codes Covered

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|-----------------|--|
| 002.0 - 002.9 | TYPHOID FEVER |
| 003.0 - 003.9 | SALMONELLA GASTROENTERITIS |
| 038.9 | UNSPECIFIED SEPTICEMIA |
| 042 | HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE |
| 060.0 - 060.9 | SYLVATIC YELLOW FEVER |
| 065.0 - 065.9 | CRIMEAN HEMORRHAGIC FEVER (CHF CONGO VIRUS) |
| 070.0 - 070.9 | VIRAL HEPATITIS A WITH HEPATIC COMA |
| 075 | INFECTIOUS MONONUCLEOSIS |
| 078.6 | HEMORRHAGIC NEPHROSONEPHRITIS |
| 078.7 | ARENAVIRAL HEMORRHAGIC FEVER |
| 120.0 | SCHISTOSOMIASIS DUE TO SCHISTOSOMA HAEMATOBIIUM |
| 121.1 | CLONORCHIASIS |
| 121.3 | FASCIOLIASIS |
| 124 | TRICHINOSIS |
| 135 | SARCOIDOSIS |
| 155.0 - 155.2 | MALIGNANT NEOPLASM OF LIVER PRIMARY |
| 197.7 | MALIGNANT NEOPLASM OF LIVER SECONDARY |
| 238.4 | POLYCYTHEMIA VERA |
| 238.71 | ESSENTIAL THROMBOCYTHEMIA |
| 238.72 | LOW GRADE MYELODYSPLASTIC SYNDROME LESIONS |
| 238.73 | HIGH GRADE MYELODYSPLASTIC SYNDROME LESIONS |
| 238.74 | MYELODYSPLASTIC SYNDROME WITH 5Q DELETION |
| 238.75 | MYELODYSPLASTIC SYNDROME, UNSPECIFIED |
| 238.76 | NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED SITES AND TISSUES, MYELOFIBROSIS WITH MYELOID METAPLASIA |
| 238.77 | POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER (PTLD) |
| 238.79 | NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED SITES AND TISSUES, OTHER LYMPHATIC AND HEMATOPOIETIC TISSUES |
| 239.9 | NEOPLASM OF UNSPECIFIED NATURE SITE UNSPECIFIED |
| 246.3 | HEMORRHAGE AND INFARCTION OF THYROID |
| 249.40-249.41 | SECONDARY DIABETES MELLITUS WITH RENAL MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 250.40 - 250.43 | DIABETES MELLITUS WITH RENAL MANIFESTATIONS TYPE II OR UNSPECIFIED TYPE NOT STATED AS UNCONTROLLED |
| 269.0 | DEFICIENCY OF VITAMIN K |
| 273.0 - 273.9 | POLYCLONAL HYPERGAMMAGLOBULINEMIA |
| 275.0 - 275.9 | DISORDERS OF IRON METABOLISM |
| 277.1 | DISORDERS OF PORPHYRIN METABOLISM |
| 277.30 | AMYLOIDOSIS, UNSPECIFIED |
| 277.31 | AMYLOIDOSIS, FAMILIAL MEDITERRANEAN FEVER |
| 277.39 | OTHER AMYLOIDOSIS |
| 285.1 | ACUTE POSTHEMORRHAGIC ANEMIA |

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| 286.0 | CONGENITAL FACTOR VIII DISORDER |
| 286.1 | CONGENITAL FACTOR IX DISORDER |
| 286.2 - 286.3 | CONGENITAL FACTOR XI DEFICIENCY |
| 286.4 | VON WILLEBRAND'S DISEASE |
| 286.5 | HEMORRHAGIC DISORDER DUE TO CIRCULATING ANTICOAGULANTS |
| 286.6 | DEFIBRATION SYNDROME |
| 286.7 | ACQUIRED COAGULATION FACTOR DEFICIENCY |
| 286.9 | OTHER AND UNSPECIFIED COAGULATION DEFECTS |
| 287.0 - 287.9 | ALLERGIC PURPURA |
| 289.0 | POLYCYTHEMIA SECONDARY |
| 289.81 | PRIMARY HYPERCOAGULABLE STATE |
| 325 | PHLEBITIS AND THROMBOPHLEBITIS OF INTRACRANIAL VENOUS SINUSES |
| 360.43 | HEMOPHTHALMOS EXCEPT CURRENT INJURY |
| 362.30 - 362.37 | RETINAL VASCULAR OCCLUSION UNSPECIFIED |
| 362.43 | HEMORRHAGIC DETACH OF RETINAL PIGMENT EPITHELIUM |
| 362.81 | RETINAL HEMORRHAGE |
| 363.61 - 363.63 | CHOROIDAL HEMORRHAGE UNSPECIFIED |
| 363.72 | HEMORRHAGIC CHOROIDAL DETACH |
| 368.9 | UNSPECIFIED VISUAL DISTURBANCE |
| 372.72 | CONJUNCTIVAL HEMORRHAGE |
| 374.81 | HEMORRHAGE OF EYELID |
| 376.32 | ORBITAL HEMORRHAGE |
| 377.42 | HEMORRHAGE IN OPTIC NERVE SHEATHS |
| 379.23 | VITREOUS HEMORRHAGE |
| 380.31 | HEMATOMA OF AURICLE OR PINNA |
| 403.01 | MALIGNANT HYPERTENSIVE RENAL DISEASE WITH RENAL FAILURE |
| 403.11 | BENIGN HYPERTENSIVE RENAL DISEASE WITH RENAL FAILURE |
| 403.91 | UNSPECIFIED HYPERTENSIVE RENAL DISEASE WITH RENAL FAILURE |
| 404.02 | MALIGNANT HYPERTENSIVE HEART AND RENAL DISEASE WITH RENAL FAILURE |
| 404.12 | BENIGN HYPERTENSIVE HEART AND RENAL DISEASE WITH RENAL FAILURE |
| 404.92 | UNSPECIFIED HYPERTENSIVE HEART AND RENAL DISEASE WITH RENAL FAILURE |
| 410.00 - 410.92 | ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE UNSPECIFIED |
| 423.0 | HEMOPERICARDIUM |
| 427.31 | ATRIAL FIBRILLATION |
| 427.9 | CARDIAC DYSRHYTHMIA UNSPECIFIED |
| 428.0 | CONGESTIVE HEART FAILURE UNSPECIFIED |
| 429.79 | CERTAIN SEQUELAE OF MYOCARDIAL INFARCTION NOT ELSEWHERE CLASSIFIED OTHER |
| 430 - 432.9 | SUBARACHNOID HEMORRHAGE |
| 433.00 - 433.91 | OCCLUSION AND STENOSIS OF BASILAR ARTERY WITHOUT CEREBRAL INFARCTION |
| 434.00 - 434.91 | CEREBRAL THROMBOSIS WITHOUT CEREBRAL INFARCTION |
| 435.9 | UNSPECIFIED TRANSIENT CEREBRAL ISCHEMIA |
| 444.0 - 444.9 | EMBOLISM AND THROMBOSIS OF ABDOMINAL AORTA |
| 446.6 | THROMBOTIC MICROANGIOPATHY |
| 447.2 | RUPTURE OF ARTERY |
| 448.0 | HEREDITARY HEMORRHAGIC TELANGIECTASIA |
| 451.0 - 451.9 | PHLEBITIS AND THROMBOPHLEBITIS OF SUPERFICIAL VESSELS OF LOWER EXTREMITIES |
| 453.0 - 453.9 | BUDD-CHIARI SYNDROME |
| 456.0 | ESOPHAGEAL VARICES WITH BLEEDING |
| 456.1 | ESOPHAGEAL VARICES WITHOUT BLEEDING |
| 456.8 | VARICES OF OTHER SITES |
| 459.89 | OTHER SPECIFIED CIRCULATORY SYSTEM DISORDERS |

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| 530.7 | GASTROESOPHAGEAL LACERATION-HEMORRHAGE SYNDROME |
| 530.82 | ESOPHAGEAL HEMORRHAGE |
| 531.00 - 535.61 | ACUTE GASTRIC ULCER WITH HEMORRHAGE WITHOUT OBSTRUCTION |
| 537.83 | ANGIODYSPLASIA OF STOMACH AND DUODENUM WITH HEMORRHAGE |
| 537.84 | DIEULAFOY LESION (HEMORRHAGIC) OF STOMACH AND DUODENUM |
| 556.0 - 557.9 | ULCERATIVE (CHRONIC) ENTEROCOLITIS |
| 562.02 - 562.03 | DIVERTICULOSIS OF SMALL INTESTINE WITH HEMORRHAGE |
| 562.12 | DIVERTICULOSIS OF COLON WITH HEMORRHAGE |
| 562.13 | DIVERTICULITIS OF COLON WITH HEMORRHAGE |
| 568.81 | HEMOPERITONEUM (NONTRAUMATIC) |
| 569.3 | HEMORRHAGE OF RECTUM AND ANUS |
| 570 | ACUTE AND SUBACUTE NECROSIS OF LIVER |
| 571.0 - 573.9 | ALCOHOLIC FATTY LIVER |
| 576.0 - 576.9 | POSTCHOLECYSTECTOMY SYNDROME |
| 577.0 | ACUTE PANCREATITIS |
| 578.0 - 578.9 | HEMATEMESIS |
| 579.0 - 579.9 | CELIAC DISEASE |
| 581.0 - 581.9 | NEPHROTIC SYNDROME WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS |
| 583.9 | NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY |
| 584.5 - 584.9 | ACUTE RENAL FAILURE WITH LESION OF TUBULAR NECROSIS |
| 585.4-585.9 | CHRONIC KIDNEY DISEASE |
| 586 | RENAL FAILURE UNSPECIFIED |
| 593.81 - 593.89 | VASCULAR DISORDERS OF KIDNEY |
| 596.7 | HEMORRHAGE INTO BLADDER WALL |
| 596.8 | OTHER SPECIFIED DISORDERS OF BLADDER |
| 599.70 | HEMATURIA, UNSPECIFIED |
| 599.71 | GROSS HEMATURIA |
| 599.72 | MICROSCOPIC HEMATURIA |
| 607.82 | VASCULAR DISORDERS OF PENIS |
| 608.83 | VASCULAR DISORDERS OF MALE GENITAL ORGANS |
| 611.89 | OTHER SPECIFIED DISORDERS OF BREAST |
| 620.7 | HEMATOMA OF BROAD LIGAMENT |
| 621.4 | HEMATOMETRA |
| 622.8 | OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF CERVIX |
| 623.6 | VAGINAL HEMATOMA |
| 623.8 | OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF VAGINA |
| 624.5 | HEMATOMA OF VULVA |
| 626.6 | METRORRHAGIA |
| 626.7 | POSTCOITAL BLEEDING |
| 627.0 | PREMENOPAUSAL MENORRHAGIA |
| 627.1 | POSTMENOPAUSAL BLEEDING |
| 629.0 | HEMATOCELE FEMALE NOT ELSEWHERE CLASSIFIED |
| 632 | MISSED ABORTION |
| 634.00 - 634.92 | SPONTANEOUS ABORTION UNSPECIFIED COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION |
| 635.10 - 635.12 | LEGALLY INDUCED ABORTION UNSPECIFIED COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE |
| 636.10 - 636.12 | ILLEGAL ABORTION UNSPECIFIED COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE |
| 637.10 - 637.12 | UNSPECIFIED TYPE OF ABORTION UNSPECIFIED COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE |
| 638.1 | FAILED ATTEMPTED ABORTION COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE |
| 639.1 | DELAYED OR EXCESSIVE HEMORRHAGE FOLLOWING ABORTION OR ECTOPIC AND MOLAR PREGNANCIES |
| 639.6 | EMBOLISM FOLLOWING ABORTION OR ECTOPIC AND MOLAR |

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| | PREGNANCIES |
| 640.00 - 640.93 | THREATENED ABORTION UNSPECIFIED AS TO EPISODE OF CARE |
| 641.00 - 641.93 | PLACENTA PREVIA WITHOUT HEMORRHAGE UNSPECIFIED AS TO EPISODE OF CARE |
| 642.00 - 642.94 | BENIGN ESSENTIAL HYPERTENSION COMPLICATING PREGNANCY CHILDBIRTH AND THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE |
| 646.70 - 646.73 | LIVER DISORDERS IN PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE |
| 649.30 | COAGULATION DEFECTS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE |
| 649.31 | COAGULATION DEFECTS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION |
| 649.32 | COAGULATION DEFECTS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, DELIVERED WITH MENTION OF POSTPARTUM COMPLICATION |
| 649.33 | COAGULATION DEFECTS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, ANTEPARTUM CONDITION OR COMPLICATION |
| 649.34 | COAGULATION DEFECTS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, POSTPARTUM CONDITION OR COMPLICATION |
| 649.50 | SPOTTING COMPLICATING PREGNANCY, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE |
| 649.51 | SPOTTING COMPLICATING PREGNANCY, DELIVERED WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION |
| 649.53 | SPOTTING COMPLICATING PREGNANCY, ANTEPARTUM CONDITION OR COMPLICATION |
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| 656.00 - 656.03 | FETAL-MATERNAL HEMORRHAGE UNSPECIFIED AS TO EPISODE OF CARE IN PREGNANCY |
| 658.40 - 658.43 | INFECTION OF AMNIOTIC CAVITY UNSPECIFIED AS TO EPISODE OF CARE |
| 666.00 - 666.34 | THIRD-STAGE POSTPARTUM HEMORRHAGE UNSPECIFIED AS TO EPISODE OF CARE |
| 671.20 - 671.54 | SUPERFICIAL THROMBOPHLEBITIS COMPLICATING PREGNANCY AND THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE |
| 673.00 - 673.84 | OBSTETRICAL AIR EMBOLISM UNSPECIFIED AS TO EPISODE OF CARE |
| 674.30 - 674.34 | OTHER COMPLICATIONS OF OBSTETRICAL SURGICAL WOUNDS UNSPECIFIED AS TO EPISODE OF CARE |
| 710.0 | SYSTEMIC LUPUS ERYTHEMATOSUS |
| 713.2 | ARTHROPATHY ASSOCIATED WITH HEMATOLOGICAL DISORDERS |
| 713.6 | ARTHROPATHY ASSOCIATED WITH HYPERSENSITIVITY REACTION |
| 719.10 - 719.19 | HEMARTHROSIS SITE UNSPECIFIED |
| 729.5 | PAIN IN LIMB |
| 729.81 | SWELLING OF LIMB |
| 733.10 - 733.19 | PATHOLOGICAL FRACTURE UNSPECIFIED SITE |
| 762.1 | OTHER FORMS OF PLACENTAL SEPARATION AND HEMORRHAGE AFFECTING FETUS OR NEWBORN |
| 764.90 - 764.99 | FETAL GROWTH RETARDATION UNSPECIFIED WEIGHT |
| 767.0 - 767.11 | SUBDURAL AND CEREBRAL HEMORRHAGE DUE TO BIRTH TRAUMA |
| 767.8 | OTHER SPECIFIED BIRTH TRAUMA |
| 770.3 | PULMONARY HEMORRHAGE OF FETUS OR NEWBORN |
| 772.0 - 772.9 | FETAL BLOOD LOSS |
| 774.0 - 774.7 | PERINATAL JAUNDICE FROM HEREDITARY HEMOLYTIC ANEMIAS |
| 776.0 - 776.9 | HEMORRHAGIC DISEASE OF NEWBORN |
| 780.2 | SYNCOPE AND COLLAPSE |
| 782.4 | JAUNDICE UNSPECIFIED NOT OF NEWBORN |
| 782.7 | SPONTANEOUS ECCHYMOSES |
| 784.7 | EPISTAXIS |

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| 784.8 | HEMORRHAGE FROM THROAT |
| 785.4 | GANGRENE |
| 785.50 | SHOCK UNSPECIFIED |
| 786.05 | SHORTNESS OF BREATH |
| 786.3 | HEMOPTYSIS |
| 786.50 | UNSPECIFIED CHEST PAIN |
| 786.59 | OTHER CHEST PAIN |
| 789.00 - 789.09 | ABDOMINAL PAIN UNSPECIFIED SITE |
| 790.92 | ABNORMAL COAGULATION PROFILE |
| 800.00 - 800.99 | CLOSED FRACTURE OF VAULT OF SKULL WITHOUT INTRACRANIAL INJURY WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 801.00 - 801.99 | CLOSED FRACTURE OF BASE OF SKULL WITHOUT INTRA CRANIAL INJURY WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 802.20 - 802.9 | CLOSED FRACTURE OF UNSPECIFIED SITE OF MANDIBLE |
| 803.00 - 803.99 | OTHER CLOSED SKULL FRACTURE WITHOUT INTRACRANIAL INJURY WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 804.00 - 804.99 | CLOSED FRACTURES INVOLVING SKULL OR FACE WITH OTHER BONES WITHOUT INTRACRANIAL INJURY WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 805.00 - 806.9 | CLOSED FRACTURE OF CERVICAL VERTEBRA UNSPECIFIED LEVEL |
| 807.00 - 807.09 | CLOSED FRACTURE OF RIB(S) UNSPECIFIED |
| 807.10 - 807.19 | OPEN FRACTURE OF RIB(S) UNSPECIFIED |
| 808.8 - 808.9 | UNSPECIFIED CLOSED FRACTURE OF PELVIS |
| 809.0 - 809.1 | FRACTURE OF BONES OF TRUNK CLOSED |
| 810.00 - 810.13 | CLOSED FRACTURE OF CLAVICLE UNSPECIFIED PART |
| 811.00 - 811.19 | CLOSED FRACTURE OF SCAPULA UNSPECIFIED PART |
| 812.00 - 812.59 | FRACTURE OF UNSPECIFIED PART OF UPPER END OF HUMERUS CLOSED |
| 813.10 - 813.18 | OPEN FRACTURE OF UPPER END OF FOREARM UNSPECIFIED |
| 813.30 - 813.33 | FRACTURE OF SHAFT OF RADIUS OR ULNA UNSPECIFIED OPEN |
| 813.50 - 813.54 | OPEN FRACTURE OF LOWER END OF FOREARM UNSPECIFIED |
| 813.90 - 813.93 | FRACTURE OF UNSPECIFIED PART OF FOREARM OPEN |
| 819.0 - 819.1 | MULTIPLE CLOSED FRACTURES INVOLVING BOTH UPPER LIMBS AND UPPER LIMB WITH RIB(S) AND STERNUM |
| 820.00 - 821.39 | FRACTURE OF UNSPECIFIED INTRACAPSULAR SECTION OF NECK OF FEMUR CLOSED |
| 823.00 - 823.92 | CLOSED FRACTURE OF UPPER END OF TIBIA |
| 827.0 - 829.1 | OTHER MULTIPLE AND ILL-DEFINED FRACTURES OF LOWER LIMB CLOSED |
| 852.00 - 853.19 | SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 860.0 - 860.5 | TRAUMATIC PNEUMOTHORAX WITHOUT OPEN WOUND INTO THORAX |
| 861.00 - 861.32 | UNSPECIFIED INJURY OF HEART WITHOUT OPEN WOUND INTO THORAX |
| 862.0 - 862.9 | INJURY TO DIAPHRAGM WITHOUT OPEN WOUND INTO CAVITY |
| 863.0 - 863.99 | INJURY TO STOMACH WITHOUT OPEN WOUND INTO CAVITY |
| 864.00 - 864.19 | UNSPECIFIED INJURY TO LIVER WITHOUT OPEN WOUND INTO CAVITY |
| 865.00 - 865.19 | UNSPECIFIED INJURY TO SPLEEN WITHOUT OPEN WOUND INTO CAVITY |
| 866.00 - 866.13 | UNSPECIFIED INJURY TO KIDNEY WITHOUT OPEN WOUND INTO CAVITY |
| 867.0 - 867.9 | INJURY TO BLADDER AND URETHRA WITHOUT OPEN WOUND INTO CAVITY |
| 868.00 - 868.19 | INJURY TO UNSPECIFIED INTRA-ABDOMINAL ORGAN WITHOUT OPEN WOUND INTO CAVITY |
| 869.0 - 869.1 | INTERNAL INJURY TO UNSPECIFIED OR ILL-DEFINED ORGANS WITHOUT OPEN WOUND INTO CAVITY |
| 900.00 - 900.9 | INJURY TO CAROTID ARTERY UNSPECIFIED |
| 901.0 - 901.9 | INJURY TO THORACIC AORTA |
| 902.0 - 902.9 | INJURY TO ABDOMINAL AORTA |
| 903.00 - 903.9 | INJURY TO AXILLARY VESSEL(S) UNSPECIFIED |
| 904.0 - 904.9 | INJURY TO COMMON FEMORAL ARTERY |
| 920 - 924.9 | CONTUSION OF FACE SCALP AND NECK EXCEPT EYE(S) |

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| 925.1 - 929.9 | CRUSHING INJURY OF FACE AND SCALP |
| 958.2 | SECONDARY AND RECURRENT HEMORRHAGE AS AN EARLY COMPLICATION OF TRAUMA |
| 959.9 | OTHER AND UNSPECIFIED INJURY TO UNSPECIFIED SITE |
| 964.2 | POISONING BY ANTICOAGULANTS |
| 964.5 | POISONING BY ANTICOAGULANT ANTAGONISTS AND OTHER COAGULANTS |
| 964.7 | POISONING BY NATURAL BLOOD AND BLOOD PRODUCTS |
| 980.0 | TOXIC EFFECT OF ETHYL ALCOHOL |
| 989.5 | TOXIC EFFECT OF VENOM |
| 995.20 | UNSPECIFIED ADVERSE EFFECT OF UNSPECIFIED DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE |
| 995.21 | ARTHUS PHENOMENON |
| 995.27 | OTHER DRUG ALLERGY |
| 995.29 | UNSPECIFIED ADVERSE EFFECT OF OTHER DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE |
| 996.70 - 996.79 | OTHER COMPLICATIONS DUE TO UNSPECIFIED DEVICE IMPLANT AND GRAFT |
| 997.02 | IATROGENIC CEREBROVASCULAR INFARCTION OR HEMORRHAGE |
| 998.11 | HEMORRHAGE COMPLICATING A PROCEDURE |
| 998.12 | HEMATOMA COMPLICATING A PROCEDURE |
| 999.2 | OTHER VASCULAR COMPLICATIONS OF MEDICAL CARE NOT ELSEWHERE CLASSIFIED |
| V12.3 | PERSONAL HISTORY OF DISEASES OF BLOOD AND BLOOD-FORMING ORGANS |
| V58.2 | BLOOD TRANSFUSION WITHOUT REPORTED DIAGNOSIS |
| V58.61 | LONG-TERM (CURRENT) USE OF ANTICOAGULANTS |
| V58.83 | ENCOUNTER FOR THERAPEUTIC DRUG MONITORING |

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| ID | 186141 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0020 |
| Subject | Prostate Specific Antigen |

CPT/HCPCS Codes

84153 PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL

ICD-9 Codes Covered

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| 185 | MALIGNANT NEOPLASM OF PROSTATE |
| 188.5 | MALIGNANT NEOPLASM OF BLADDER NECK |
| 196.5 | SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| 196.6 | SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRAPELVIC LYMPH NODES |
| 196.8 | SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF MULTIPLE SITES |
| 198.5 | SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW |
| 198.82 | SECONDARY MALIGNANT NEOPLASM OF GENITAL ORGANS |
| 233.4 | CARCINOMA IN SITU OF PROSTATE |
| 236.5 | NEOPLASM OF UNCERTAIN BEHAVIOR OF PROSTATE |
| 239.5 | NEOPLASM OF UNSPECIFIED NATURE OF OTHER GENITOURINARY ORGANS |
| 596.0 | BLADDER NECK OBSTRUCTION |
| 599.60, 599.69 | URINARY OBSTRUCTION |
| 599.70 | HEMATURIA, UNSPECIFIED |
| 599.71 | GROSS HEMATURIA |
| 599.72 | MICROSCOPIC HEMATURIA |
| 600.00 | HYPERTROPHY (BEGNIGN) OF PROSTATE WITHOUT URINARY OBSTRUCTION AND OTHER LOWER URINARY TRACT SYMPTOMS (LUTS) |
| 600.01 | BENIGN PROSTATE HYPERTROPHY WITH URINARY OBSTRUCTION |
| 600.10 | NODULAR PROSTATE WITHOUT URINARY OBSTRUCTION |
| 600.11 | NODULAR PROSTATE WITH URINARY OBSTRUCTION |
| 600.21 | BENIGN LOCALIZED HYPERPLASIA OF PROSTATE WITH URINARY OBSTRUCTION AND OTHER LOWER URINARY TRACT SYMPTOMS (LUTS) |
| 601.9 | PROSTATITIS UNSPECIFIED |
| 602.9 | UNSPECIFIED DISORDER OF PROSTATE |
| 788.20 | RETENTION OF URINE UNSPECIFIED |
| 788.21 | INCOMPLETE BLADDER EMPTYING |
| 788.30 | URINARY INCONTINENCE UNSPECIFIED |
| 788.41 | URINARY FREQUENCY |
| 788.43 | NOCTURIA |
| 788.62 | SLOWING OF URINARY STREAM |
| 788.63 | URGENCY OF URINATION |
| 788.64 | URINARY HESITANCY |
| 788.65 | STRAINING ON URINATION |
| 790.93 | ELEVATED PROSTATE SPECIFIC ANTIGEN (PSA) |
| 793.6 - 793.7 | NONSPECIFIC ABNORMAL FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF ABDOMINAL AREA INCLUDING RETROPERITONEUM |
| 794.9 | NONSPECIFIC ABNORMAL RESULTS OF OTHER SPECIFIED FUNCTION STUDY |
| V10.46 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF PROSTATE |

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| ID | 186087 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Expiration Date | 03/31/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0006 |
| Subject | Prothrombin Time |

CPT/HCPCS Codes

85610 PROTHROMBIN TIME

ICD-9 Codes Covered

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| 002.0 - 002.9 | TYPHOID FEVER |
| 003.0 - 003.9 | SALMONELLA GASTROENTERITIS |
| 038.9 | UNSPECIFIED SEPTICEMIA |
| 042 | HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE |
| 060.0 - 060.9 | SYLVATIC YELLOW FEVER |
| 065.0 - 065.9 | CRIMEAN HEMORRHAGIC FEVER (CHF CONGO VIRUS) |
| 070.0 - 070.9 | VIRAL HEPATITIS A WITH HEPATIC COMA |
| 075 | INFECTIOUS MONONUCLEOSIS |
| 078.6 | HEMORRHAGIC NEPHROSONEPHRITIS |
| 078.7 | ARENAVIRAL HEMORRHAGIC FEVER |
| 084.8 | BLACKWATER FEVER |
| 120.0 | SCHISTOSOMIASIS DUE TO SCHISTOSOMA HAEMATOBIMUM |
| 121.1 | CLONORCHIASIS |
| 121.3 | FASCIOLIASIS |
| 124 | TRICHINOSIS |
| 134.2 | HIRUDINIASIS |
| 135 | SARCOIDOSIS |
| 152.0 - 152.9 | MALIGNANT NEOPLASM OF DUODENUM |
| 155.0 - 155.2 | MALIGNANT NEOPLASM OF LIVER PRIMARY |
| 156.0 - 156.9 | MALIGNANT NEOPLASM OF GALLBLADDER |
| 157.0 - 157.9 | MALIGNANT NEOPLASM OF HEAD OF PANCREAS |
| 188.0 - 189.9 | MALIGNANT NEOPLASM OF TRIGONE OF URINARY BLADDER |
| 197.7 | MALIGNANT NEOPLASM OF LIVER, SPECIFIED AS SECONDARY |
| 198.0 | SECONDARY MALIGNANT NEOPLASM OF KIDNEY |
| 198.1 | SECONDARY MALIGNANT NEOPLASM OF OTHER URINARY ORGANS |
| 200.00 - 200.88 | RETICULOSARCOMA UNSPECIFIED SITE |
| 202.00 - 202.98 | NODULAR LYMPHOMA UNSPECIFIED SITE |
| 209.20 - 209.27, 209.29 | MALIGNANT CARCINOID TUMOR OF OTHER AND UNSPECIFIED SITES |
| 223.0 - 223.9 | BENIGN NEOPLASM OF KIDNEY EXCEPT PELVIS |
| 238.4 | POLYCYTHEMIA VERA |
| 238.5 | NEOPLASM OF UNCERTAIN BEHAVIOR OF HISTIOCYTIC AND MAST CELLS |
| 238.6 | NEOPLASM OF UNCERTAIN BEHAVIOR OF PLASMA CELLS |
| 238.71 | ESSENTIAL THROMBOCYTHEMIA |
| 238.72 | LOW GRADE MYELOYDYSPLASTIC SYNDROME LESIONS |
| 238.73 | HIGH GRADE MYELOYDYSPLASTIC SYNDROME LESIONS |
| 238.74 | MYELOYDYSPLASTIC SYNDROME WITH 5Q DELETION |
| 238.75 | MYELOYDYSPLASTIC SYNDROME, UNSPECIFIED |
| 238.76 | NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED SITES AND TISSUES, MYELOFIBROSIS WITH MYELOID METAPLASIA |
| 238.77 | POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER (PTLD) |

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| 238.79 | NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED SITES AND TISSUES, OTHER LYMPHATIC AND HEMATOPOIETIC TISSUES |
| 239.4 | NEOPLASM OF UNSPECIFIED NATURE OF BLADDER |
| 239.5 | NEOPLASM OF UNSPECIFIED NATURE OF OTHER GENITOURINARY ORGANS |
| 239.9 | NEOPLASM OF UNSPECIFIED NATURE SITE UNSPECIFIED |
| 246.3 | HEMORRHAGE AND INFARCTION OF THYROID |
| 249.40-249.41 | SECONDARY DIABETES MELLITUS WITH RENAL MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 250.40 - 250.43 | DIABETES MELLITUS WITH RENAL MANIFESTATIONS TYPE II OR UNSPECIFIED TYPE NOT STATED AS UNCONTROLLED |
| 263.0 - 263.9 | MALNUTRITION OF MODERATE DEGREE |
| 269.0 | DEFICIENCY OF VITAMIN K |
| 269.2 | UNSPECIFIED VITAMIN DEFICIENCY |
| 273.0 - 273.3, 273.8 - 273.9 | DISORDERS OF PLASMA PROTEIN MEABOLISM |
| 275.0 | DISORDERS OF IRON METABOLISM |
| 277.1 | DISORDERS OF PORPHYRIN METABOLISM |
| 277.30 | AMYLOIDOSIS, UNSPECIFIED |
| 277.31 | AMYLOIDOSIS, FAMILIAL MEDITERRANEAN FEVER |
| 277.39 | OTHER AMYLOIDOSIS |
| 280.0 | IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC) |
| 280.9 | IRON DEFICIENCY ANEMIA UNSPECIFIED |
| 281.0 | PERNICIOUS ANEMIA |
| 281.1 | OTHER VITAMIN B12 DEFICIENCY ANEMIA |
| 281.9 | UNSPECIFIED DEFICIENCY ANEMIA |
| 285.0 | SIDEROBLASTIC ANEMIA |
| 285.1 | ACUTE POSTHEMORRHAGIC ANEMIA |
| 286.0 - 286.9 | CONGENITAL FACTOR VIII DISORDER |
| 287.0 - 287.9 | ALLERGIC PURPURA |
| 289.81 | PRIMARY HYPERCOAGULABLE STATE |
| 290.40 - 290.43 | ARTERIOSCLEROTIC DEMENTIA UNCOMPLICATED |
| 325 | PHLEBITIS AND THROMBOPHLEBITIS OF INTRACRANIAL VENOUS SINUSES |
| 342.90 - 342.92 | UNSPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING UNSPECIFIED SIDE |
| 360.43 | HEMOPHTHALMOS EXCEPT CURRENT INJURY |
| 362.18 | RETINAL VASCULITIS |
| 362.30 - 362.37 | RETINAL VASCULAR OCCLUSION UNSPECIFIED |
| 362.43 | HEMORRHAGIC DETACH OF RETINAL PIGMENT EPITHELIUM |
| 362.81 | RETINAL HEMORRHAGE |
| 363.61 - 363.72 | CHOROIDAL HEMORRHAGE UNSPECIFIED |
| 368.9 | UNSPECIFIED VISUAL DISTURBANCE |
| 372.72 | CONJUNCTIVAL HEMORRHAGE |
| 374.81 | HEMORRHAGE OF EYELID |
| 376.32 | ORBITAL HEMORRHAGE |
| 377.42 | HEMORRHAGE IN OPTIC NERVE SHEATHS |
| 377.53 | DISORDERS OF OPTIC CHIASM ASSOCIATED WITH VASCULAR DISORDERS |
| 377.62 | DISORDERS OF OTHER VISUAL PATHWAYS ASSOCIATED WITH VASCULAR DISORDERS |
| 377.72 | DISORDERS OF VISUAL CORTEX ASSOCIATED WITH VASCULAR DISORDERS |
| 379.23 | VITREOUS HEMORRHAGE |
| 380.31 | HEMATOMA OF AURICLE OR PINNA |
| 386.2 | VERTIGO OF CENTRAL ORIGIN |
| 386.50 | LABYRINTHINE DYSFUNCTION UNSPECIFIED |
| 394.0 - 394.9 | MITRAL STENOSIS |
| 395.0 | RHEUMATIC AORTIC STENOSIS |
| 395.2 | RHEUMATIC AORTIC STENOSIS WITH INSUFFICIENCY |
| 396.0 - 396.9 | MITRAL VALVE STENOSIS AND AORTIC VALVE STENOSIS |
| 397.0 - 397.9 | DISEASES OF TRICUSPID VALVE |
| 398.0 - 398.99 | RHEUMATIC MYOCARDITIS |

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| 403.01 | MALIGNANT HYPERTENSIVE RENAL DISEASE WITH RENAL FAILURE |
| 403.11 | BENIGN HYPERTENSIVE RENAL DISEASE WITH RENAL FAILURE |
| 403.91 | UNSPECIFIED HYPERTENSIVE RENAL DISEASE WITH RENAL FAILURE |
| 404.02 | MALIGNANT HYPERTENSIVE HEART AND RENAL DISEASE WITH RENAL FAILURE |
| 404.12 | BENIGN HYPERTENSIVE HEART AND RENAL DISEASE WITH RENAL FAILURE |
| 404.92 | UNSPECIFIED HYPERTENSIVE HEART AND RENAL DISEASE WITH RENAL FAILURE |
| 410.00 - 410.92 | ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE UNSPECIFIED |
| 411.1 | INTERMEDIATE CORONARY SYNDROME |
| 411.81 | ACUTE CORONARY OCCLUSION WITHOUT MYOCARDIAL INFARCTION |
| 411.89 | OTHER ACUTE AND SUBACUTE FORMS OF ISCHEMIC HEART DISEASE OTHER |
| 413.0 - 413.9 | ANGINA DECUBITUS |
| 414.00 - 414.07 | CORONARY ATHEROSCLEROSIS |
| 414.8 | OTHER SPECIFIED FORMS OF CHRONIC ISCHEMIC HEART DISEASE |
| 414.9 | CHRONIC ISCHEMIC HEART DISEASE UNSPECIFIED |
| 415.0 | ACUTE COR PULMONALE |
| 415.12 | SEPTIC PULMONARY EMBOLISM |
| 415.19 | PULMONARY EMBOLISM AND INFARCTION, OTHER |
| 416.9 | CHRONIC PULMONARY HEART DISEASE UNSPECIFIED |
| 423.0 | HEMOPERICARDIUM |
| 424.0 | MITRAL VALVE DISORDERS |
| 424.1 | AORTIC VALVE DISORDERS |
| 424.90 | ENDOCARDITIS VALVE UNSPECIFIED UNSPECIFIED CAUSE |
| 425.0 - 425.9 | ENDOMYOCARDIAL FIBROSIS |
| 427.0 - 427.9 | PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA |
| 428.0 - 428.9 | CONGESTIVE HEART FAILURE UNSPECIFIED |
| 429.0 - 429.4 | MYOCARDITIS UNSPECIFIED |
| 429.79 | CERTAIN SEQUELAE OF MYOCARDIAL INFARCTION NOT ELSEWHERE CLASSIFIED OTHER |
| 430 | SUBARACHNOID HEMORRHAGE |
| 431 | INTRACEREBRAL HEMORRHAGE |
| 432.0 - 432.9 | NONTRAUMATIC EXTRADURAL HEMORRHAGE |
| 433.00 - 433.91 | OCCLUSION AND STENOSIS OF BASILAR ARTERY WITHOUT CEREBRAL INFARCTION |
| 434.00 - 434.91 | CEREBRAL THROMBOSIS WITHOUT CEREBRAL INFARCTION |
| 435.0 - 435.9 | BASILAR ARTERY SYNDROME |
| 436 | ACUTE BUT ILL-DEFINED CEREBROVASCULAR DISEASE |
| 437.0 | CEREBRAL ATHEROSCLEROSIS |
| 437.1 | OTHER GENERALIZED ISCHEMIC CEREBROVASCULAR DISEASE |
| 437.6 | NONPYOGENIC THROMBOSIS OF INTRACRANIAL VENOUS SINUS |
| 440.0 - 440.9 | ATHEROSCLEROSIS OF AORTA |
| 441.00 - 441.9 | DISSECTION OF AORTA ANEURYSM UNSPECIFIED SITE |
| 443.0 - 443.9 | RAYNAUD'S SYNDROME |
| 444.0 - 444.9 | EMBOLISM AND THROMBOSIS OF ABDOMINAL AORTA |
| 447.1 | STRICTURE OF ARTERY |
| 447.2 | RUPTURE OF ARTERY |
| 447.6 | ARTERITIS UNSPECIFIED |
| 448.0 | HEREDITARY HEMORRHAGIC TELANGIECTASIA |
| 448.9 | OTHER AND UNSPECIFIED CAPILLARY DISEASES |
| 451.0 - 451.9 | PHLEBITIS AND THROMBOPHLEBITIS OF SUPERFICIAL VESSELS OF LOWER EXTREMITIES |
| 452 | PORTAL VEIN THROMBOSIS |
| 453.0 - 453.9 | BUDD-CHIARI SYNDROME |
| 455.2 | INTERNAL HEMORRHOIDS WITH OTHER COMPLICATION |
| 455.5 | EXTERNAL HEMORRHOIDS WITH OTHER COMPLICATION |
| 455.8 | UNSPECIFIED HEMORRHOIDS WITH OTHER COMPLICATION |

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| 456.0 - 456.1 | ESOPHAGEAL VARICES WITH BLEEDING |
| 456.8 | VARICES OF OTHER SITES |
| 459.0 | HEMORRHAGE UNSPECIFIED |
| 459.10 | POSTPHLEBETIC SYNDROME WITHOUT COMPLICATIONS |
| 459.11 | POSTPHLEBETIC SYNDROME WITH ULCER |
| 459.12 | POSTPHLEBETIC SYNDROME WITH INFLAMMATION |
| 459.13 | POSTPHLEBETIC SYNDROME WITH ULCER AND INFLAMMATION |
| 459.19 | POSTPHLEBETIC SYNDROME WITH OTHER COMPLICATION |
| 459.2 | COMPRESSION OF VEIN |
| 459.81 | VENOUS (PERIPHERAL) INSUFFICIENCY UNSPECIFIED |
| 459.89 | OTHER SPECIFIED CIRCULATORY SYSTEM DISORDERS |
| 511.81 | MALIGNANT PLEURAL EFFUSION |
| 511.89 | OTHER SPECIFIED FORMS OF EFFUSION EXCEPT TUBERCULOUS |
| 514 | PULMONARY CONGESTION AND HYPOSTASIS |
| 530.7 | GASTROESOPHAGEAL LACERATION-HEMORRHAGE SYNDROME |
| 530.82 | ESOPHAGEAL HEMORRHAGE |
| 530.86 | INFECTION OF ESOPHAGOSTOMY |
| 530.87 | MECHANICAL COMPLICATION OF ESOPHAGOSTOMY |
| 531.00 - 535.61 | ACUTE GASTRIC ULCER WITH HEMORRHAGE WITHOUT OBSTRUCTION |
| 555.0 - 555.9 | REGIONAL ENTERITIS OF SMALL INTESTINE |
| 556.0 - 556.9 | ULCERATIVE (CHRONIC) ENTEROCOLITIS |
| 557.0 - 557.9 | ACUTE VASCULAR INSUFFICIENCY OF INTESTINE |
| 562.02 - 562.03 | DIVERTICULOSIS OF SMALL INTESTINE WITH HEMORRHAGE |
| 562.10 | DIVERTICULOSIS OF COLON (WITHOUT HEMORRHAGE) |
| 562.11 | DIVERTICULITIS OF COLON (WITHOUT HEMORRHAGE) |
| 562.12 | DIVERTICULOSIS OF COLON WITH HEMORRHAGE |
| 562.13 | DIVERTICULITIS OF COLON WITH HEMORRHAGE |
| 568.81 | HEMOPERITONEUM (NONTRAUMATIC) |
| 569.3 | HEMORRHAGE OF RECTUM AND ANUS |
| 571.0 | ALCOLHOLIC FATTY LIVER |
| 571.42 | AUTOIMMUNE HEPATITIS |
| 571.9 | CHRONIC LIVER DISEASE AND CIRRHOSIS |
| 572.2 | HEPATIC COMA |
| 572.4 | HEPATORENAL SYNDROME |
| 572.8 | OTHER SEQUELAE OF CHRONIC LIVER DISEASE |
| 573.1 - 573.9 | HEPATITIS IN VIRAL DISEASES CLASSIFIED ELSEWHERE |
| 576.0 - 576.9 | POSTCHOLECYSTECTOMY SYNDROME |
| 577.0 | ACUTE PANCREATITIS |
| 578.0 - 578.9 | HEMATEMESIS |
| 579.0 - 579.9 | CELIAC DISEASE |
| 581.0 - 581.9 | NEPHROTIC SYNDROME WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS |
| 583.9 | NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY |
| 584.5 - 584.9 | ACUTE RENAL FAILURE WITH LESION OF TUBULAR NECROSIS |
| 585.4-585.9 | CHRONIC KIDNEY DISEASE |
| 586 | RENAL FAILURE UNSPECIFIED |
| 593.81 - 593.89 | VASCULAR DISORDERS OF KIDNEY |
| 596.7 | HEMORRHAGE INTO BLADDER WALL |
| 596.8 | OTHER SPECIFIED DISORDERS OF BLADDER |
| 599.70 | HEMATURIA UNSPECIFIED |
| 599.71 | GROSS HEMATURIA |
| 599.72 | MICROSCOPIC HEMATURIA |
| 607.82 | VASCULAR DISORDERS OF PENIS |
| 608.83 | VASCULAR DISORDERS OF MALE GENITAL ORGANS |
| 611.89 | OTHER SPECIFIED DISORDERS OF BREAST |
| 620.7 | HEMATOMA OF BROAD LIGAMENT |
| 621.4 | HEMATOMETRA |

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| 622.8 | OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF CERVIX |
| 623.6 | VAGINAL HEMATOMA |
| 623.8 | OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF VAGINA |
| 624.5 | HEMATOMA OF VULVA |
| 626.2 - 626.9 | EXCESSIVE OR FREQUENT MENSTRUATION |
| 627.0 | PREMENOPAUSAL MENORRHAGIA |
| 627.1 | POSTMENOPAUSAL BLEEDING |
| 629.0 | HEMATOCELE FEMALE NOT ELSEWHERE CLASSIFIED |
| 632 | MISSED ABORTION |
| 634.10 - 634.12 | SPONTANEOUS ABORTION UNSPECIFIED COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE |
| 635.10 - 635.12 | LEGALLY INDUCED ABORTION UNSPECIFIED COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE |
| 636.10 - 636.12 | ILLEGAL ABORTION UNSPECIFIED COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE |
| 637.10 - 637.12 | UNSPECIFIED TYPE OF ABORTION UNSPECIFIED COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE |
| 638.1 | FAILED ATTEMPTED ABORTION COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE |
| 639.1 | DELAYED OR EXCESSIVE HEMORRHAGE FOLLOWING ABORTION OR ECTOPIC AND MOLAR PREGNANCIES |
| 639.6 | EMBOLISM FOLLOWING ABORTION OR ECTOPIC AND MOLAR PREGNANCIES |
| 640.00 - 640.93 | THREATENED ABORTION UNSPECIFIED AS TO EPISODE OF CARE |
| 641.00 - 641.93 | PLACENTA PREVIA WITHOUT HEMORRHAGE UNSPECIFIED AS TO EPISODE OF CARE |
| 642.00 - 642.94 | BENIGN ESSENTIAL HYPERTENSION COMPLICATING PREGNANCY CHILDBIRTH AND THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE |
| 646.70 - 646.73 | LIVER DISORDERS IN PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE |
| 649.30 | COAGULATION DEFECTS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE |
| 649.31 | COAGULATION DEFECTS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION |
| 649.32 | COAGULATION DEFECTS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, DELIVERED WITH MENTION OF POSTPARTUM COMPLICATION |
| 649.33 | COAGULATION DEFECTS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, ANTEPARTUM CONDITION OR COMPLICATION |
| 649.34 | COAGULATION DEFECTS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, POSTPARTUM CONDITION OR COMPLICATION |
| 649.50 | SPOTTING COMPLICATING PREGNANCY, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE |
| 649.51 | SPOTTING COMPLICATING PREGNANCY, DELIVERED WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION |
| 649.53 | SPOTTING COMPLICATING PREGNANCY, ANTEPARTUM CONDITION OR COMPLICATION |
| 656.00 - 656.03 | FETAL-MATERNAL HEMORRHAGE UNSPECIFIED AS TO EPISODE OF CARE IN PREGNANCY |
| 658.40 - 658.43 | INFECTION OF AMNIOTIC CAVITY UNSPECIFIED AS TO EPISODE OF CARE |
| 666.00 - 666.34 | THIRD-STAGE POSTPARTUM HEMORRHAGE UNSPECIFIED AS TO EPISODE OF CARE |
| 671.20 - 671.94 | SUPERFICIAL THROMBOPHLEBITIS COMPLICATING PREGNANCY AND THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE |
| 673.00 - 673.84 | OBSTETRICAL AIR EMBOLISM UNSPECIFIED AS TO EPISODE OF CARE |
| 674.30 - 674.34 | OTHER COMPLICATIONS OF OBSTETRICAL SURGICAL WOUNDS UNSPECIFIED AS TO EPISODE OF CARE |
| 713.2 | ARTHROPATHY ASSOCIATED WITH HEMATOLOGICAL DISORDERS |
| 713.6 | ARTHROPATHY ASSOCIATED WITH HYPERSENSITIVITY REACTION |
| 719.15 | HEMARTHROSIS INVOLVING PELVIC REGION AND THIGH |
| 719.16 | HEMARTHROSIS INVOLVING LOWER LEG |

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| 719.19 | HEMARTHROSIS INVOLVING MULTIPLE SITES |
| 729.5 | PAIN IN LIMB |
| 729.81 | SWELLING OF LIMB |
| 733.10 | PATHOLOGICAL FRACTURE UNSPECIFIED SITE |
| 746.00 - 746.9 | CONGENITAL PULMONARY VALVE ANOMALY UNSPECIFIED |
| 762.1 | OTHER FORMS OF PLACENTAL SEPARATION AND HEMORRHAGE AFFECTING FETUS OR NEWBORN |
| 767.0 - 767.11 | SUBDURAL AND CEREBRAL HEMORRHAGE DUE TO BIRTH TRAUMA |
| 767.8 | OTHER SPECIFIED BIRTH TRAUMA |
| 770.3 | PULMONARY HEMORRHAGE OF FETUS OR NEWBORN |
| 772.0 - 772.9 | FETAL BLOOD LOSS |
| 774.6 | UNSPECIFIED FETAL AND NEONATAL JAUNDICE |
| 776.0 - 776.9 | HEMORRHAGIC DISEASE OF NEWBORN |
| 780.2 | SYNCOPE AND COLLAPSE |
| 782.3 | EDEMA |
| 782.4 | JAUNDICE UNSPECIFIED NOT OF NEWBORN |
| 782.7 | SPONTANEOUS ECCHYMOSES |
| 784.7 | EPISTAXIS |
| 784.8 | HEMORRHAGE FROM THROAT |
| 785.4 | GANGRENE |
| 785.50 | SHOCK UNSPECIFIED |
| 786.05 | SHORTNESS OF BREATH |
| 786.3 | HEMOPTYSIS |
| 786.59 | OTHER CHEST PAIN |
| 789.00 - 789.09 | ABDOMINAL PAIN UNSPECIFIED SITE |
| 789.1 | HEPATOMEGALY |
| 789.51 - 789.59 | ASCITES |
| 790.92 | ABNORMAL COAGULATION PROFILE |
| 790.94 | EUTHYROID SICK SYNDROME |
| 791.2 | HEMOGLOBINURIA |
| 794.8 | NONSPECIFIC ABNORMAL RESULTS OF FUNCTION STUDY OF LIVER |
| 800.00 - 800.99 | CLOSED FRACTURE OF VAULT OF SKULL WITHOUT INTRACRANIAL INJURY WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 801.00 - 801.99 | CLOSED FRACTURE OF BASE OF SKULL WITHOUT INTRA CRANIAL INJURY WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 802.20 - 802.9 | CLOSED FRACTURE OF UNSPECIFIED SITE OF MANDIBLE |
| 803.00 - 803.99 | OTHER CLOSED SKULL FRACTURE WITHOUT INTRACRANIAL INJURY WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 804.00 - 804.99 | CLOSED FRACTURES INVOLVING SKULL OR FACE WITH OTHER BONES WITHOUT INTRACRANIAL INJURY WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 805.00 - 806.9 | CLOSED FRACTURE OF CERVICAL VERTEBRA UNSPECIFIED LEVEL |
| 807.00 - 807.09 | CLOSED FRACTURE OF RIB(S) UNSPECIFIED |
| 807.10 - 807.19 | OPEN FRACTURE OF RIB(S) UNSPECIFIED |
| 808.8 - 808.9 | UNSPECIFIED CLOSED FRACTURE OF PELVIS |
| 809.0 - 809.1 | FRACTURE OF BONES OF TRUNK CLOSED |
| 810.00 - 810.13 | CLOSED FRACTURE OF CLAVICLE UNSPECIFIED PART |
| 811.00 - 811.19 | CLOSED FRACTURE OF SCAPULA UNSPECIFIED PART |
| 812.00 - 812.59 | FRACTURE OF UNSPECIFIED PART OF UPPER END OF HUMERUS CLOSED |
| 813.10 - 813.18 | OPEN FRACTURE OF UPPER END OF FOREARM UNSPECIFIED |
| 813.30 - 813.33 | FRACTURE OF SHAFT OF RADIUS OR ULNA UNSPECIFIED OPEN |
| 813.50 - 813.54 | OPEN FRACTURE OF LOWER END OF FOREARM UNSPECIFIED |
| 813.90 - 813.93 | FRACTURE OF UNSPECIFIED PART OF FOREARM OPEN |
| 819.0 - 819.1 | MULTIPLE CLOSED FRACTURES INVOLVING BOTH UPPER LIMBS AND UPPER LIMB WITH RIB(S) AND STERNUM |
| 820.00 - 821.39 | FRACTURE OF UNSPECIFIED INTRACAPSULAR SECTION OF NECK OF FEMUR CLOSED |
| 823.00 - 823.92 | CLOSED FRACTURE OF UPPER END OF TIBIA |

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| 827.0 - 829.1 | OTHER MULTIPLE AND ILL-DEFINED FRACTURES OF LOWER LIMB CLOSED |
| 852.00 - 853.19 | SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 860.0 - 860.5 | TRAUMATIC PNEUMOTHORAX WITHOUT OPEN WOUND INTO THORAX |
| 861.00 - 861.32 | UNSPECIFIED INJURY OF HEART WITHOUT OPEN WOUND INTO THORAX |
| 862.0 - 862.9 | INJURY TO DIAPHRAGM WITHOUT OPEN WOUND INTO CAVITY |
| 863.0 - 863.99 | INJURY TO STOMACH WITHOUT OPEN WOUND INTO CAVITY |
| 864.00 - 864.19 | UNSPECIFIED INJURY TO LIVER WITHOUT OPEN WOUND INTO CAVITY |
| 865.00 - 865.19 | UNSPECIFIED INJURY TO SPLEEN WITHOUT OPEN WOUND INTO CAVITY |
| 866.00 - 866.13 | UNSPECIFIED INJURY TO KIDNEY WITHOUT OPEN WOUND INTO CAVITY |
| 867.0 - 867.9 | INJURY TO BLADDER AND URETHRA WITHOUT OPEN WOUND INTO CAVITY |
| 868.00 - 868.19 | INJURY TO UNSPECIFIED INTRA-ABDOMINAL ORGAN WITHOUT OPEN WOUND INTO CAVITY |
| 869.0 - 869.1 | INTERNAL INJURY TO UNSPECIFIED OR ILL-DEFINED ORGANS WITHOUT OPEN WOUND INTO CAVITY |
| 900.00 - 900.9 | INJURY TO CAROTID ARTERY UNSPECIFIED |
| 901.0 - 901.9 | INJURY TO THORACIC AORTA |
| 902.0 - 902.9 | INJURY TO ABDOMINAL AORTA |
| 903.00 - 903.9 | INJURY TO AXILLARY VESSEL(S) UNSPECIFIED |
| 904.0 - 904.9 | INJURY TO COMMON FEMORAL ARTERY |
| 920 - 924.9 | CONTUSION OF FACE SCALP AND NECK EXCEPT EYE(S) |
| 925.1 - 929.9 | CRUSHING INJURY OF FACE AND SCALP |
| 958.2 | SECONDARY AND RECURRENT HEMORRHAGE AS AN EARLY COMPLICATION OF TRAUMA |
| 959.9 | OTHER AND UNSPECIFIED INJURY TO UNSPECIFIED SITE |
| 964.0 - 964.9 | POISONING BY IRON AND ITS COMPOUNDS |
| 980.0 - 980.9 | TOXIC EFFECT OF ETHYL ALCOHOL |
| 981 | TOXIC EFFECT OF PETROLEUM PRODUCTS |
| 982.0 - 982.8 | TOXIC EFFECT OF BENZENE AND HOMOLOGUES |
| 987.0 - 987.9 | TOXIC EFFECT OF LIQUEFIED PETROLEUM GASES |
| 989.0 - 989.9 | TOXIC EFFECT OF HYDROCYANIC ACID AND CYANIDES |
| 995.20 | UNSPECIFIED ADVERSE EFFECT OF UNSPECIFIED DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE |
| 995.21 | ARTHUS PHENOMENON |
| 995.27 | OTHER DRUG ALLERGY |
| 995.29 | UNSPECIFIED ADVERSE EFFECT OF OTHER DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE |
| 996.82 | COMPLICATIONS OF TRANSPLANTED LIVER |
| 997.02 | IATROGENIC CEREBROVASCULAR INFARCTION OR HEMORRHAGE |
| 997.4 | DIGESTIVE SYSTEM COMPLICATIONS NOT ELSEWHERE CLASSIFIED |
| 998.11 - 998.12 | HEMORRHAGE COMPLICATING A PROCEDURE |
| 999.2 | OTHER VASCULAR COMPLICATIONS OF MEDICAL CARE NOT ELSEWHERE CLASSIFIED |
| 999.89 | OTHER TRANSFUSION REACTION |
| V08 | ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION STATUS |
| V12.1 | PERSONAL HISTORY OF NUTRITIONAL DEFICIENCY |
| V12.3 | PERSONAL HISTORY OF DISEASES OF BLOOD AND BLOOD-FORMING ORGANS |
| V12.50 - V12.59 | PERSONAL HISTORY OF UNSPECIFIED CIRCULATORY DISEASE |
| V15.1 | PERSONAL HISTORY OF SURGERY TO HEART AND GREAT VESSELS PRESENTING HAZARDS TO HEALTH |
| V15.2 | PERSONAL HISTORY OF SURGERY TO OTHER MAJOR ORGANS PRESENTING HAZARDS TO HEALTH |
| V15.21 | PERSONAL HISTORY OF UNDERGOING IN UTERO PROCEDURE DURING PREGNANCY |
| V15.22 | PERSONAL HISTORY OF UNDERGOING IN UTERO PROCEDURE WHILE A FETUS |
| V15.29 | PERSONAL HISTORY OF SURGERY TO OTHER ORGANS |
| V42.0 | KIDNEY REPLACED BY TRANSPLANT |

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| V42.1 | HEART REPLACED BY TRANSPLANT |
| V42.2 | HEART VALVE REPLACED BY TRANSPLANT |
| V42.6 | LUNG REPLACED BY TRANSPLANT |
| V42.7 | LIVER REPLACED BY TRANSPLANT |
| V42.81 - V42.89 | BONE MARROW REPLACED BY TRANSPLANT |
| V43.21 | HEART REPLACED BY HEART ASSIST DEVICE |
| V43.22 | HEART REPLACED BY FULLY IMPLANTABLE ARTIFICIAL HEART |
| V43.3 | HEART VALVE REPLACED BY OTHER MEANS |
| V43.4 | BLOOD VESSEL REPLACED BY OTHER MEANS |
| V58.2 | BLOOD TRANSFUSION WITHOUT REPORTED DIAGNOSIS |
| V58.61 | LONG-TERM (CURRENT) USE OF ANTICOAGULANTS |
| V58.83 | ENCOUNTER FOR THERAPEUTIC DRUG MONITORING |

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| ID | 186123 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0011 |
| Subject | Thyroid Testing |

CPT/HCPCS Codes

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| 84436 | THYROXINE; TOTAL |
| 84439 | THYROXINE; FREE |
| 84443 | THYROID STIMULATING HORMONE (TSH) |
| 84479 | THYROID HORMONE (T3 OR T4) UPTAKE OR THYROID HORMONE BINDING RATIO (THBR) |

ICD-9 Codes Covered

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| 017.50 - 017.56 | TUBERCULOSIS OF THYROID GLAND UNSPECIFIED ORIGIN |
| 183.0 | MALIGNANT NEOPLASM OF OVARY |
| 193 | MALIGNANT NEOPLASM OF THYROID GLAND |
| 194.8 | MALIGNANT NEOPLASM OF OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES |
| 198.89 | SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES |
| 220 | BENIGN NEOPLASM OF OVARY |
| 226 | BENIGN NEOPLASM OF THYROID GLANDS |
| 227.3 | BENIGN NEOPLASM OF PITUITARY GLAND AND CRANIOPHARYNGEAL DUCT |
| 234.8 | CARCINOMA IN SITU OF OTHER SPECIFIED SITES |
| 237.4 | NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED ENDOCRINE GLANDS |
| 239.7 | NEOPLASM OF UNSPECIFIED NATURE OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM |
| 240.0 - 240.9 | GOITER SPECIFIED AS SIMPLE |
| 241.0 - 241.9 | NONTOXIC UNINODULAR GOITER |
| 242.00 - 242.91 | TOXIC DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM |
| 243 | CONGENITAL HYPOTHYROIDISM |
| 244.0 - 244.9 | POSTSURGICAL HYPOTHYROIDISM |
| 245.0 - 245.9 | ACUTE THYROIDITIS |
| 246.0 - 246.9 | DISORDERS OF THYROCALCITONIN SECRETION |
| 249.00 – 249.01 | SECONDARY DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.10 – 249.11 | SECONDARY DIABETES MELLITUS WITH KETOACIDOSIS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.20 – 249.21 | SECONDARY DIABETES MELLITUS WITH HYPEROSMOLARITY, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.30 – 249.31 | SECONDARY DIABETES MELLITUS WITH OTHER COMA, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.40 -249.41 | SECONDARY DIABETES MELLITUS WITH RENAL MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.50 – 249.51 | SECONDARY DIABETES MELLITUS WITH OPHTHALMIC MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.60 -249.61 | SECONDARY DIABETES MELLITUS WITH NEUROLOGICAL, MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.70 -249.71 | SECONDARY DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY DISORDERS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.80 -249.81 | SECONDARY DIABETES MELLITUS WITH OTHER SPECIFIED |

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| | MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 249.90 - 249.91 | SECONDARY DIABETES MELLITUS WITH UNSPECIFIED COMPLICATION, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED |
| 250.00 - 250.93 | DIABETES MELLITUS WITHOUT COMPLICATION TYPE II OR UNSPECIFIED TYPE NOT STATED AS UNCONTROLLED |
| 252.1 | HYPOPARATHYROIDISM |
| 253.1 | OTHER AND UNSPECIFIED ANTERIOR PITUITARY HYPERFUNCTION |
| 253.2 | PANHYPOPITUITARISM |
| 253.3 | PITUITARY DWARFISM |
| 253.4 | OTHER ANTERIOR PITUITARY DISORDERS |
| 253.7 | IATROGENIC PITUITARY DISORDERS |
| 255.2 | ADRENOGENITAL DISORDERS |
| 255.41 | GLUCOCORTICOID DEFICIENCY |
| 255.42 | MINERALOCORTICOID DEFICIENCY |
| 256.31 | PREMATURE MENOPAUSE |
| 256.39 | OTHER OVARIAN FAILURE |
| 257.2 | OTHER TESTICULAR HYPOFUNCTION |
| 258.01 - 258.9 | POLYGLANDULAR ACTIVITY IN MULTIPLE ENDOCRINE ADENOMATOSIS |
| 262 | OTHER SEVERE PROTEIN-CALORIE MALNUTRITION |
| 263.0 - 263.9 | MALNUTRITION OF MODERATE DEGREE |
| 266.0 | ARIBOFLAVINOSIS |
| 272.0 | PURE HYPERCHOLESTEROLEMIA |
| 272.2 | MIXED HYPERLIPIDEMIA |
| 272.4 | OTHER AND UNSPECIFIED HYPERLIPIDEMIA |
| 275.40 - 275.49 | UNSPECIFIED DISORDER OF CALCIUM METABOLISM |
| 275.5 | HUNGRY BONE SYNDROME |
| 276.0 | HYPEROSMOLALITY AND/OR HYPERNATREMIA |
| 276.1 | HYPOSMOLALITY AND/OR HYPONATREMIA |
| 278.3 | HYPERCAROTINEMIA |
| 279.4 | AUTOIMMUNE DISEASE NOT ELSEWHERE CLASSIFIED |
| 281.0 | PERNICIOUS ANEMIA |
| 281.9 | UNSPECIFIED DEFICIENCY ANEMIA |
| 283.0 | AUTOIMMUNE HEMOLYTIC ANEMIAS |
| 285.9 | ANEMIA UNSPECIFIED |
| 290.0 | SENILE DEMENTIA UNCOMPLICATED |
| 290.10 - 290.13 | PRESENILE DEMENTIA UNCOMPLICATED |
| 290.20 - 290.21 | SENILE DEMENTIA WITH DELUSIONAL FEATURES |
| 290.3 | SENILE DEMENTIA WITH DELIRIUM |
| 293.0 - 293.1 | ACUTE DELIRIUM |
| 293.81 - 293.89 | ORGANIC DELUSIONAL SYNDROME |
| 294.8 | OTHER SPECIFIED ORGANIC BRAIN SYNDROMES (CHRONIC) |
| 296.00 - 296.99 | MANIC AFFECTIVE DISORDER SINGLE EPISODE UNSPECIFIED DEGREE |
| 297.0 | PARANOID STATE SIMPLE |
| 297.1 | PARANOIA |
| 297.9 | UNSPECIFIED PARANOID STATE |
| 298.3 | ACUTE PARANOID REACTION |
| 300.00 - 300.09 | ANXIETY STATE UNSPECIFIED |
| 307.9 | OTHER AND UNSPECIFIED SPECIAL SYMPTOMS OR SYNDROMES NOT ELSEWHERE CLASSIFIED |
| 310.1 | ORGANIC PERSONALITY SYNDROME |
| 311 | DEPRESSIVE DISORDER NOT ELSEWHERE CLASSIFIED |
| 327.00 | ORGANIC INSOMNIA, UNSPECIFIED |
| 327.01 | INSOMNIA DUE TO MEDICAL CONDITION CLASSIFIED ELSEWHERE |
| 327.09 | OTHER ORGANIC INSOMNIA |
| 327.29 | OTHER ORGANIC SLEEP APNEA |
| 327.52 | SLEEP RELATED LEG CRAMPS |
| 327.8 | OTHER ORGANIC SLEEP DISORDERS |
| 331.0 - 331.2 | ALZHEIMER'S DISEASE |

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| 331.83 | MILD COGNITIVE IMPAIRMENT, SO STATED |
| 333.1 | ESSENTIAL AND OTHER SPECIFIED FORMS OF TREMOR |
| 333.99 | OTHER EXTRAPYRAMIDAL DISEASES AND ABNORMAL MOVEMENT DISORDERS |
| 354.0 | CARPAL TUNNEL SYNDROME |
| 356.9 | UNSPECIFIED IDIOPATHIC PERIPHERAL NEUROPATHY |
| 358.1 | MYASTHENIC SYNDROMES IN DISEASES CLASSIFIED ELSEWHERE |
| 359.5 | MYOPATHY IN ENDOCRINE DISEASES CLASSIFIED ELSEWHERE |
| 359.9 | MYOPATHY UNSPECIFIED |
| 368.2 | DIPLOPIA |
| 372.71 | HYPEREMIA OF CONJUNCTIVA |
| 372.73 | CONJUNCTIVAL EDEMA |
| 374.41 | LID RETRACTION OR LAG |
| 374.82 | EDEMA OF EYELID |
| 376.21 | THYROTOXIC EXOPHTHALMOS |
| 376.22 | EXOPHTHALMIC OPHTHALMOPLEGIA |
| 376.30 - 376.31 | EXOPHTHALMOS UNSPECIFIED |
| 376.33 - 376.34 | ORBITAL EDEMA OR CONGESTION |
| 378.50 - 378.55 | PARALYTIC STRABISMUS UNSPECIFIED |
| 401.0 - 401.9 | MALIGNANT ESSENTIAL HYPERTENSION |
| 403.00 - 403.91 | MALIGNANT HYPERTENSIVE RENAL DISEASE WITHOUT RENAL FAILURE |
| 404.00 - 404.93 | MALIGNANT HYPERTENSIVE HEART AND RENAL DISEASE WITHOUT HEART FAILURE OR RENAL FAILURE |
| 423.9 | UNSPECIFIED DISEASE OF PERICARDIUM |
| 425.7 | NUTRITIONAL AND METABOLIC CARDIOMYOPATHY |
| 427.0 | PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA |
| 427.2 | PAROXYSMAL TACHYCARDIA UNSPECIFIED |
| 427.31 | ATRIAL FIBRILLATION |
| 427.89 | OTHER SPECIFIED CARDIAC DYSRHYTHMIAS |
| 427.9 | CARDIAC DYSRHYTHMIA UNSPECIFIED |
| 428.0 | CONGESTIVE HEART FAILURE UNSPECIFIED |
| 428.1 | LEFT HEART FAILURE |
| 429.3 | CARDIOMEGALY |
| 511.9 | UNSPECIFIED PLEURAL EFFUSION |
| 518.81 | ACUTE RESPIRATORY FAILURE |
| 529.8 | OTHER SPECIFIED CONDITIONS OF THE TONGUE |
| 560.1 | PARALYTIC ILEUS |
| 564.00 - 564.02 | UNSPECIFIED CONSTIPATION |
| 564.09 | OTHER CONSTIPATION |
| 564.7 | MEGACOLON OTHER THAN HIRSCHSPRUNG'S |
| 568.82 | PERITONEAL EFFUSION (CHRONIC) |
| 625.3 | DYSMENORRHEA |
| 626.0 - 626.2 | ABSENCE OF MENSTRUATION |
| 626.4 | IRREGULAR MENSTRUAL CYCLE |
| 648.10 - 648.14 | THYROID DYSFUNCTION OF MOTHER COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE |
| 676.20 - 676.24 | ENGORGEMENT OF BREASTS ASSOCIATED WITH CHILDBIRTH UNSPECIFIED AS TO EPISODE OF CARE |
| 698.9 | UNSPECIFIED PRURITIC DISORDER |
| 701.1 | KERATODERMA ACQUIRED |
| 703.8 | OTHER SPECIFIED DISEASES OF NAIL |
| 704.00 - 704.09 | ALOPECIA UNSPECIFIED |
| 709.01 | VITILIGO |
| 710.0 - 710.9 | SYSTEMIC LUPUS ERYTHEMATOSUS |
| 728.2 | MUSCULAR WASTING AND DISUSE ATROPHY NOT ELSEWHERE CLASSIFIED |
| 728.87 | MUSCLE WEAKNESS |
| 728.9 | UNSPECIFIED DISORDER OF MUSCLE LIGAMENT AND FASCIA |

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| 729.1 | MYALGIA AND MYOSITIS UNSPECIFIED |
| 729.82 | CRAMP OF LIMB |
| 730.30 - 730.39 | PERIOSTITIS WITHOUT OSTEOMYELITIS INVOLVING UNSPECIFIED SITE |
| 733.02 | IDIOPATHIC OSTEIOPOROSIS |
| 733.09 | OTHER OSTEOPOROSIS |
| 750.15 | MACROGLOSSIA |
| 759.2 | ANOMALIES OF OTHER ENDOCRINE GLANDS CONGENITAL |
| 780.01 | COMA |
| 780.02 | TRANSIENT ALTERATION OF AWARENESS |
| 780.09 | ALTERATION OF CONSCIOUSNESS OTHER |
| 780.50 - 780.52 | UNSPECIFIED SLEEP DISTURBANCE |
| 780.60 | FEVER, UNSPECIFIED |
| 780.61 | FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE |
| 780.62 | POSTPROCEDURAL FEVER |
| 780.63 | POSTVACCINATION FEVER |
| 780.64 | CHILLS (WITHOUT FEVER) |
| 780.65 | HYPOTHERMIA NOT ASSOCIATED WITH LOW ENVIRONMENTAL TEMPERATURE |
| 780.71 - 780.79 | CHRONIC FATIGUE SYNDROME |
| 780.8 | HYPERHIDROSIS |
| 780.93 | MEMORY LOSS |
| 780.94 | EARLY SATIETY |
| 780.96 | GENERALIZED PAIN |
| 780.97 | ALTERED MENTAL STATUS |
| 780.99 | OTHER GENERAL SYMPTOMS |
| 781.0 | ABNORMAL INVOLUNTARY MOVEMENTS |
| 781.3 | LACK OF COORDINATION |
| 782.0 | DISTURBANCE OF SKIN SENSATION |
| 782.3 | EDEMA |
| 782.8 | CHANGES IN SKIN TEXTURE |
| 782.9 | OTHER SYMPTOMS INVOLVING SKIN AND INTEGUMENTARY TISSUES |
| 783.0 | ANOREXIA |
| 783.1 | ABNORMAL WEIGHT GAIN |
| 783.21 | LOSS OF WEIGHT |
| 783.6 | POLYPHAGIA |
| 784.1 | THROAT PAIN |
| 784.49 | OTHER VOICE DISTURBANCE |
| 784.5 | OTHER SPEECH DISTURBANCE |
| 785.0 | TACHYCARDIA UNSPECIFIED |
| 785.1 | PALPITATIONS |
| 785.9 | OTHER SYMPTOMS INVOLVING CARDIOVASCULAR SYSTEM |
| 786.09 | RESPIRATORY ABNORMALITY OTHER |
| 786.1 | STRIDOR |
| 787.20 | DYSPHAGIA, UNSPECIFIED |
| 787.21 | DYSPHAGIA, ORAL PHASE |
| 787.22 | DYSPHAGIA, OROPHARYNGEAL PHASE |
| 787.23 | DYSPHAGIA, PHARYNGEAL PHASE |
| 787.24 | DYSPHAGIA, PHARYNGOESOPHAGEAL PHASE |
| 787.29 | OTHER DYSPHAGIA |
| 787.91 - 787.99 | DIARRHEA |
| 789.51 | MALIGNANT ASCITES |
| 789.59 | OTHER ASCITES |
| 793.99 | OTHER NONSPECIFIC ABNORMAL FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATIONS OF BODY STRUCTURE |
| 794.5 | NONSPECIFIC ABNORMAL RESULTS OF FUNCTION STUDY OF THYROID |
| 796.1 | ABNORMAL REFLEX |
| 799.2 | NERVOUSNESS |
| 990 | EFFECTS OF RADIATION UNSPECIFIED |

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| V10.87 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF THYROID |
| V10.88 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES |
| V12.2 | PERSONAL HISTORY OF ENDOCRINE METABOLIC AND IMMUNITY DISORDERS |
| V58.69 | LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS |
| V67.00 - V67.9 | FOLLOW-UP EXAMINATION FOLLOWING UNSPECIFIED SURGERY |

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|------------------------|---------------------------------------|
| ID | 186142 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0017 |
| Subject | Tumor Antigen By Immunoassay - CA 125 |

CPT/HCPCS Codes

86304 IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 125

ICD-9 Codes Covered

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|-----------------|--|
| 158.8 | MALIGNANT NEOPLASM SPECIFIED PARTS PERITONEUM |
| 158.9 | MALIGNANT NEOPLASM SPECIFIED PARTS PERITONEUM, UNSPECIFIED |
| 180.0 | MALIGNANT NEOPLASM OF ENDOCERVIX |
| 182.0 | MALIGNANT NEOPLASM OF CORPUS UTERI EXCEPT ISTHMUS |
| 183.0 | MALIGNANT NEOPLASM OF OVARY |
| 183.2 | MALIGNANT NEOPLASM OF FALLOPIAN TUBE |
| 183.8 | MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF UTERINE ADNEXA |
| 184.8 | MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF FEMALE GENITAL ORGANS |
| 198.6 | SECONDARY MALIGNANT NEOPLASM OF OVARY |
| 198.82 | SECONDARY MALIGNANT NEOPLASM OF GENITAL ORGANS |
| 236.0 - 236.3 | NEOPLASM OF UNCERTAIN BEHAVIOR OF UTERUS |
| 338.3 | NEOPLASM RELATED PAIN (ACUTE) (CHRONIC) |
| 789.39 | ABDOMINAL OR PELVIC SWELLING, MASS OR LUMP OF OTHER SPECIFIED SITE |
| 795.82 | ELEVATED CANCER ANTIGEN 125 [CA 125] |
| 795.89 | OTHER ABNORMAL TUMOR MARKERS |
| V10.41 | PERSONAL HISTORY OF MALIGNANT NEOPLASM, CERVIX UTERI |
| V10.42 | PERSONAL HISTORY OF MALIGNANT NEOPLASM, OTHER PARTS OR UTERUS |
| V10.43 - V10.44 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY |

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| ID | 186143 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0018 |
| Subject | Tumor Antigen by Immunassay CA 15-3/CA 27.29 |

CPT/HCPCS Codes

86300 IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 15-3 (27.29)

ICD-9 Codes Covered

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| 174.0 - 174.9 | MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF FEMALE BREAST |
| 175.0 - 175.9 | MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF MALE BREAST |
| 198.2 | SECONDARY MALIGNANT NEOPLASM OF SKIN |
| 198.81 | SECONDARY MALIGNANT NEOPLASM OF BREAST |
| 338.3 | NEOPLASM RELATED PAIN (ACUTE) (CHRONIC) |
| 795.89 | OTHER ABNORMAL TUMOR MARKERS |
| V10.3 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST |

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| ID | 186144 |
| Source | CMS National Coverage Decision |
| Effective Date | 01/01/2009 |
| Publish Date | July 2002 |
| States Affected | NA |
| Policy Number | CMS-0019 |
| Subject | Tumor Antigen by Immunoassay CA 19-9 |

CPT/HCPCS Codes

86301 IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9

ICD-9 Codes Covered

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| 155.1 | MALIGNANT NEOPLASM OF INTRAHEPATIC BILE DUCTS |
| 156.0 | MALIGNANT NEOPLASM OF THE GALLBLADDER |
| 156.1 | MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCTS |
| 156.2 | MALIGNANT NEOPLASM OF THE AMPULLA OF VATER |
| 156.8 | MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF GALLBLADDER AND EXTRAHEPATIC BILE DUCTS |
| 156.9 | MALIGNANT NEOPLASM OF BILIARY TRACT PART UNSPECIFIED SITE |
| 157.0 - 157.9 | MALIGNANT NEOPLASM OF HEAD OF PANCREAS |
| 197.8 | SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS AND SPLEEN |
| 235.3 | NEOPLASM OF UNCERTAIN BEHAVIOR OF LIVER AND BILIARY PASSAGES |
| 235.5 | NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED DIGESTIVE ORGANS |
| 338.3 | NEOPLASM RELATED PAIN (ACUTE) (CHRONIC) |
| 795.89 | OTHER ABNORMAL TUMOR MARKERS |
| V10.09 | PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER SITES IN GASTROINTESTINAL TRACT |

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| ID | 190090 |
| Source | Medicare Part A Policy First Coast - MAC J9 |
| Effective Date | 03/02/2009 |
| Publish Date | December 2003 |
| States Affected | FL PR VI |
| Policy Number | A83880 |
| Subject | B-Type Natriuretic Peptide (BNP) |

CPT/HCPCS Codes

83880 Natriuretic peptide

ICD-9 Codes that Support Medical Necessity

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|-----------------|--|
| 402.01 | MALIGNANT HYPERTENSIVE HEART DISEASE WITH HEART FAILURE |
| 402.11 | BENIGN HYPERTENSIVE HEART DISEASE WITH HEART FAILURE |
| 402.91 | UNSPECIFIED HYPERTENSIVE HEART DISEASE WITH HEART FAILURE |
| 404.01 | HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED |
| 404.03 | HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE |
| 404.11 | HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED |
| 404.13 | HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE |
| 404.91 | HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED |
| 404.93 | HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE |
| 410.00 - 410.92 | ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE UNSPECIFIED - ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE SUBSEQUENT EPISODE OF CARE |
| 411.1 | INTERMEDIATE CORONARY SYNDROME |
| 428.0 | CONGESTIVE HEART FAILURE UNSPECIFIED |
| 428.1 | LEFT HEART FAILURE |
| 428.20 | UNSPECIFIED SYSTOLIC HEART FAILURE |
| 428.21 | ACUTE SYSTOLIC HEART FAILURE |
| 428.22 | CHRONIC SYSTOLIC HEART FAILURE |
| 428.23 | ACUTE ON CHRONIC SYSTOLIC HEART FAILURE |
| 428.30 | UNSPECIFIED DIASTOLIC HEART FAILURE |
| 428.31 | ACUTE DIASTOLIC HEART FAILURE |
| 428.32 | CHRONIC DIASTOLIC HEART FAILURE |
| 428.33 | ACUTE ON CHRONIC DIASTOLIC HEART FAILURE |
| 428.40 | UNSPECIFIED COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE |
| 428.41 | ACUTE COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE |
| 428.42 | CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE |
| 428.43 | ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE |
| 428.9 | HEART FAILURE UNSPECIFIED |
| 786.00 | RESPIRATORY ABNORMALITY UNSPECIFIED |
| 786.02 | ORTHOPNEA |
| 786.05 | SHORTNESS OF BREATH |

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| 786.06 | TACHYPNEA |
| 786.07 | WHEEZING |
| 786.09 | RESPIRATORY ABNORMALITY OTHER |

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| ID | 189980 |
| Source | Medicare Part A Policy First Coast - MAC J9 |
| Effective Date | 03/02/2009 |
| Publish Date | June 1998 |
| States Affected | FL PR VI |
| Policy Number | A82330 |
| Subject | Ionized Calcium |

CPT/HCPCS Codes

82330 CALCIUM; IONIZED

ICD-9 Codes that Support Medical Necessity

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|-----------------|--|
| 038.0 - 038.9 | STREPTOCOCCAL SEPTICEMIA - UNSPECIFIED SEPTICEMIA |
| 252.00 - 252.08 | HYPERPARATHYROIDISM, UNSPECIFIED - OTHER HYPERPARATHYROIDISM |
| 252.1 | HYPOPARATHYROIDISM |
| 259.3 | ECTOPIC HORMONE SECRETION NOT ELSEWHERE CLASSIFIED |
| 275.2 | DISORDERS OF MAGNESIUM METABOLISM |
| 275.41 | HYPOCALCEMIA |
| 275.42 | HYPERCALCEMIA |
| 275.49 | OTHER DISORDERS OF CALCIUM METABOLISM |
| 278.4 | HYPERVITAMINOSIS D |
| 293.83 | MOOD DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE |
| 298.9 | UNSPECIFIED PSYCHOSIS |
| 458.9 | HYPOTENSION UNSPECIFIED |
| 577.0 | ACUTE PANCREATITIS |
| 577.1 | CHRONIC PANCREATITIS |
| 585.1 - 585.9 | CHRONIC KIDNEY DISEASE, STAGE I - CHRONIC KIDNEY DISEASE, UNSPECIFIED |
| 586 | RENAL FAILURE UNSPECIFIED |
| 588.81 - 588.89 | SECONDARY HYPERPARATHYROIDISM (OF RENAL ORIGIN) - OTHER SPECIFIED DISORDERS RESULTING FROM IMPAIRED RENAL FUNCTION |
| 733.90 | DISORDER OF BONE AND CARTILAGE UNSPECIFIED |
| 780.60 | FEVER, UNSPECIFIED |
| 780.61 | FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE |
| 780.62 | POSTPROCEDURAL FEVER |
| 780.63 | POSTVACCINATION FEVER |
| 780.79 | OTHER MALAISE AND FATIGUE |
| 781.0 | ABNORMAL INVOLUNTARY MOVEMENTS |
| 781.7 | TETANY |
| 782.4 | JAUNDICE UNSPECIFIED NOT OF NEWBORN |
| 785.0 | TACHYCARDIA UNSPECIFIED |
| 786.06 | TACHYPNEA |
| 787.01 - 787.03 | NAUSEA WITH VOMITING - VOMITING ALONE |
| 787.20 - 787.29 | DYSPHAGIA, UNSPECIFIED - OTHER DYSPHAGIA |
| 788.42 | POLYURIA |
| 789.06 | ABDOMINAL PAIN EPIGASTRIC |
| 996.81 | COMPLICATIONS OF TRANSPLANTED KIDNEY |
| V42.0* | KIDNEY REPLACED BY TRANSPLANT |
| V45.11 | RENAL DIALYSIS STATUS |
| V56.0 | AFTERCARE INVOLVING EXTRACORPOREAL DIALYSIS |

* According to the ICD-9-CM book, diagnosis codes V42.0 and V45.11 are secondary diagnosis codes and should not be billed as the primary diagnosis.

Note: Renal dialysis facilities (72x) should report a diagnosis code of 585.6 for submission of claims.

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| ID | 189979 |
| Source | Medicare Part A Policy First Coast |
| Effective Date | 03/02/2009 |
| Publish Date | January 2001 |
| States Affected | FL PR VI |
| Policy Number | A82310 |
| Subject | Total Calcium |

CPT/HCPCS Codes

82310 Calcium; total

ICD-9 Codes that Support Medical Necessity

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| 135 | SARCOIDOSIS |
| 140.0 - 208.92 | MALIGNANT NEOPLASM OF UPPER LIP VERMILION BORDER - UNSPECIFIED LEUKEMIA, IN RELAPSE |
| 209.00 - 209.03 | MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION - MALIGNANT CARCINOID TUMOR OF THE ILEUM |
| 209.10 - 209.17 | MALIGNANT CARCINOID TUMOR OF THE LARGE INTESTINE, UNSPECIFIED PORTION - MALIGNANT CARCINOID TUMOR OF THE RECTUM |
| 209.20 - 209.29 | MALIGNANT CARCINOID TUMOR OF UNKNOWN PRIMARY SITE - MALIGNANT CARCINOID TUMOR OF OTHER SITES |
| 209.30 | MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE CARCINOMA, ANY SITE |
| 252.00 - 252.08 | HYPERPARATHYROIDISM, UNSPECIFIED - OTHER HYPERPARATHYROIDISM |
| 252.1 | HYPOPARATHYROIDISM |
| 255.41 | GLUCOCORTICOID DEFICIENCY |
| 255.42 | MINERALOCORTICOID DEFICIENCY |
| 260 - 269.9 | KWASHIORKOR - UNSPECIFIED NUTRITIONAL DEFICIENCY |
| 275.41 | HYPOCALCEMIA |
| 275.42 | HYPERCALCEMIA |
| 275.49 | OTHER DISORDERS OF CALCIUM METABOLISM |
| 276.0 - 276.9 | HYPEROSMOLALITY AND/OR HYPERNATREMIA - ELECTROLYTE AND FLUID DISORDERS NOT ELSEWHERE CLASSIFIED |
| 278.4 | HYPERVITAMINOSIS D |
| 293.0 | DELIRIUM DUE TO CONDITIONS CLASSIFIED ELSEWHERE |
| 293.1 | SUBACUTE DELIRIUM |
| 293.83 | MOOD DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE |
| 298.9 | UNSPECIFIED PSYCHOSIS |
| 300.00 - 300.09 | ANXIETY STATE UNSPECIFIED - OTHER ANXIETY STATES |
| 368.13 | VISUAL DISCOMFORT |
| 368.2 | DIPLOPIA |
| 427.0 - 427.9 | PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA - CARDIAC DYSRHYTHMIA UNSPECIFIED |
| 519.11 | ACUTE BRONCHOSPASM |
| 519.19 | OTHER DISEASES OF TRACHEA AND BRONCHUS |
| 564.00 - 564.09 | UNSPECIFIED CONSTIPATION - OTHER CONSTIPATION |
| 577.0 | ACUTE PANCREATITIS |
| 577.1 | CHRONIC PANCREATITIS |
| 579.0 - 579.9 | CELIAC DISEASE - UNSPECIFIED INTESTINAL MALABSORPTION |
| 580.0 - | ACUTE GLOMERULONEPHRITIS WITH LESION OF PROLIFERATIVE |

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| 580.9 | GLOMERULONEPHRITIS - ACUTE GLOMERULONEPHRITIS WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY |
| 581.0 - 581.9 | NEPHROTIC SYNDROME WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS - NEPHROTIC SYNDROME WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY |
| 582.0 - 582.9 | CHRONIC GLOMERULONEPHRITIS WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS - CHRONIC GLOMERULONEPHRITIS WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY |
| 583.0 - 583.9 | NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS - NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY |
| 584.5 - 584.9 | ACUTE RENAL FAILURE WITH LESION OF TUBULAR NECROSIS - ACUTE RENAL FAILURE UNSPECIFIED |
| 585.1 - 585.9 | CHRONIC KIDNEY DISEASE, STAGE I - CHRONIC KIDNEY DISEASE, UNSPECIFIED |
| 586 | RENAL FAILURE UNSPECIFIED |
| 587 | RENAL SCLEROSIS UNSPECIFIED |
| 588.0 - 588.9 | RENAL OSTEODYSTROPHY - UNSPECIFIED DISORDER RESULTING FROM IMPAIRED RENAL FUNCTION |
| 592.0 | CALCULUS OF KIDNEY |
| 728.87 | MUSCLE WEAKNESS (GENERALIZED) |
| 728.88 | RHABDOMYOLYSIS |
| 728.89 | OTHER DISORDERS OF MUSCLE LIGAMENT AND FASCIA |
| 728.9 | UNSPECIFIED DISORDER OF MUSCLE LIGAMENT AND FASCIA |
| 729.82 | CRAMP OF LIMB |
| 733.90 | DISORDER OF BONE AND CARTILAGE UNSPECIFIED |
| 780.01 | COMA |
| 780.09 | ALTERATION OF CONSCIOUSNESS OTHER |
| 780.1 | HALLUCINATIONS |
| 780.39 | OTHER CONVULSIONS |
| 780.79 | OTHER MALAISE AND FATIGUE |
| 781.0 | ABNORMAL INVOLUNTARY MOVEMENTS |
| 781.7 | TETANY |
| 782.0 | DISTURBANCE OF SKIN SENSATION |
| 783.0 | ANOREXIA |
| 783.5 | POLYDIPSIA |
| 785.59 | OTHER SHOCK WITHOUT TRAUMA |
| 787.01 - 787.03 | NAUSEA WITH VOMITING - VOMITING ALONE |
| 787.20 - 787.29 | DYSPHAGIA, UNSPECIFIED - OTHER DYSPHAGIA |
| 788.42 | POLYURIA |
| 788.43 | NOCTURIA |
| 789.00 | ABDOMINAL PAIN UNSPECIFIED SITE |
| E934.2* | ANTICOAGULANTS CAUSING ADVERSE EFFECTS IN THERAPEUTIC USE |
| E936.3* | OTHER AND UNSPECIFIED ANTICONVULSANTS CAUSING ADVERSE EFFECTS IN THERAPEUTIC USE |
| E943.3* | OTHER CATHARTICS INCLUDING INTESTINAL ATONIA DRUGS CAUSING ADVERSE EFFECTS IN THERAPEUTIC USE |
| E944.4* | OTHER DIURETICS CAUSING ADVERSE EFFECTS IN THERAPEUTIC USE |
| E944.5* | ELECTROLYTIC CALORIC AND WATER-BALANCE AGENTS CAUSING ADVERSE EFFECTS IN THERAPEUTIC USE |

* According to the ICD-9-CM book, diagnosis codes E934.2, E936.3, E943.3, E944.4 and E944.5 are secondary diagnosis codes and should not be billed as the primary diagnosis.

Note: Renal dialysis facilities (72x) should report a diagnosis code of 585.6 for submission of claims.

| | |
|------------------------|---|
| ID | 190060 |
| Source | Medicare Part A Policy First Coast - MAC J9 |
| Effective Date | 03/02/2009 |
| Publish Date | June 2006 |
| States Affected | FL PR VI |
| Policy Number | A82550 |
| Subject | Creatine Kinase (CK), (CPK) |

CPT/HCPCS Codes

| | |
|-------|---|
| 82550 | CREATINE KINASE (CK), (CPK); TOTAL |
| 82552 | CREATINE KINASE (CK), (CPK); ISOENZYMES |
| 82553 | CREATINE KINASE (CK), (CPK); MB FRACTION ONLY |
| 82554 | CREATINE KINASE (CK), (CPK); ISOFORMS |

General Information

Documentation Requirements

Documentation must support that the services were ordered by a physician/non-physician practitioner, the service was performed, and the reason the service was performed. Documentation must support the medical necessity of services performed above the utilization parameters stated below.

Utilization Guidelines

The frequency at which a CK test is performed is dependent on the clinical presentation of the patient. It is expected that a CK would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity. Literature supports performing a CK for the following:

- Chest pain/cardiac symptoms on arrival at the emergency room, with follow-up test at established intervals for a total of three CK tests
- A patient presenting to the physician's office with chest pain/cardiac symptoms to rule out cardiac involvement
- Prior to initiating statin therapy and for titration of medication. However, if the patient is asymptomatic and has two normal results returned, it would not be expected to repeat this test routinely.

| | |
|----------------|--|
| ID | 68785 |
| Source | CPT Guidelines - Pathology and Laboratory |
| Chapter | Pathology and Laboratory |
| Subject | Drug Testing |

Drug Testing

The following list contains examples of drugs or classes of drugs that are commonly assayed by qualitative screen, followed by confirmation with a second method:

- Alcohols
- Amphetamines
- Barbiturates
- Benzodiazepines
- Cocaine and Metabolites
- Methadones
- Methaqualones
- Opiates
- Phencyclidines
- Phenothiazines
- Propoxyphenes
- Tetrahydrocannabinoids
- Tricyclic Antidepressants

Confirmed drugs may also be quantitated.

Use **80100** for each multiple drug class chromatographic procedure.

Use **80102** for each procedure necessary for confirmation.

For chromatography, each combination of stationary and mobile phase is to be counted as one procedure. For example, if detection of three drugs by chromatography requires one stationary phase with three mobile phases, use 80100 three (3) times. However, if multiple drugs can be detected using a single analysis (eg, one stationary phase with one mobile phase), use 80100 only once.

For quantitation of drugs screened, use appropriate code in Chemistry section (82000-84999) or Therapeutic Drug Assay section (80150-80299).

Therapeutic Drug Assays

The material for examination may be from any source. Examination is quantitative. For nonquantitative testing, see Drug Testing (80100-80103).

| | |
|------------------------|--|
| ID | 190017 |
| Source | Medicare Part B Policy First Coast - MAC J9 |
| Effective Date | 03/02/2009 |
| Publish Date | May 2008 |
| States Affected | FL PR VI |
| Policy Number | A84999 |
| Subject | Gene Expression Profiling Panel for use in the Management of Breast Cancer Treatment |

CPT/HCPCS Codes

84999 UNLISTED CHEMISTRY PROCEDURE

ICD-9 Codes that Support Medical Necessity

| | |
|------------------|--|
| 174.0 - 174.9 | MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF FEMALE BREAST - MALIGNANT NEOPLASM OF BREAST (FEMALE) UNSPECIFIED SITE |
| 175.0 - 175.9 | MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF MALE BREAST - MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED SITES OF MALE BREAST |
| V86.0* | ESTROGEN RECEPTOR POSITIVE STATUS [ER+] |

* ICD-9 code V86.0 is a secondary diagnosis code and should not be billed as the primary diagnosis; therefore, this diagnosis code (V86.0) must be billed with another diagnosis code from the list above.

| | |
|------------------------|--|
| ID | 189992 |
| Source | Medicare Part A Policy First Coast - MAC J9 |
| Effective Date | 03/02/2009 |
| Publish Date | August 1999 |
| States Affected | FL PR VI |
| Policy Number | A86706 |
| Subject | Hepatitis B Surface Antibody and Surface Antigen |

CPT/HCPCS Codes

| | |
|-------|--|
| 86706 | HEPATITIS B SURFACE ANTIBODY (HBSAB) |
| 87340 | INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE-STEP METHOD; HEPATITIS B SURFACE ANTIGEN (HBSAG) |

ICD-9 Codes that Support Medical Necessity

For procedure code 86706 (Hepatitis B surface antibody) {see below for 87340}

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|---|---|
| 070.20 - 070.23 | VIRAL HEPATITIS B WITH HEPATIC COMA ACUTE OR UNSPECIFIED WITHOUT HEPATITIS DELTA - CHRONIC VIRAL HEPATITIS B WITH HEPATIC COMA WITH HEPATITIS DELTA |
| 070.30 - 070.33 | VIRAL HEPATITIS B WITHOUT HEPATIC COMA ACUTE OR UNSPECIFIED WITHOUT HEPATITIS DELTA - CHRONIC VIRAL HEPATITIS B WITHOUT HEPATIC COMA WITH HEPATITIS DELTA |
| 403.01 | HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE |
| 403.11 | HYPERTENSIVE CHRONIC KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE |
| 404.02 | HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE |
| 404.03 | HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE |
| 404.12 | HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE |
| 404.13 | HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE |
| 585.4 | CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE) |
| 585.5 | CHRONIC KIDNEY DISEASE, STAGE V |
| 585.6 | END STAGE RENAL DISEASE |
| V01.71 - V01.79 | CONTACT OR EXPOSURE TO VARICELLA - CONTACT OR EXPOSURE TO OTHER VIRAL DISEASES |
| V05.3 | NEED FOR PROPHYLACTIC VACCINATION AND INOCULATION AGAINST VIRALHEPATITIS |
| V45.11* | RENAL DIALYSIS STATUS |
| V67.59 | OTHER FOLLOW-UP EXAMINATION |
| <p>Note: Billing for Hepatitis B Surface Antigen for ESRD beneficiaries requires dual diagnoses. Please submit codes 403.01, 403.11, 404.02, 404.03, 404.12, 404.13, or 585.4-585.6 and *V45.11 to report the approved indication.</p> <p>* According to the ICD-9-CM book, Diagnosis code V45.11 is a secondary diagnosis code and should not be billed as the primary diagnosis.</p> <p>Note: Renal dialysis facilities (72x) should report a diagnosis code of 585.6 for submission of claims.</p> | |

For procedure code 87340 (Hepatitis B surface antigen)

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|-----------------|---|
| 070.20 - 070.23 | VIRAL HEPATITIS B WITH HEPATIC COMA ACUTE OR UNSPECIFIED WITHOUT HEPATITIS DELTA - CHRONIC VIRAL HEPATITIS B WITH HEPATIC COMA WITH HEPATITIS DELTA |
| 070.30 - 070.33 | VIRAL HEPATITIS B WITHOUT HEPATIC COMA ACUTE OR UNSPECIFIED WITHOUT HEPATITIS DELTA - CHRONIC VIRAL HEPATITIS B WITHOUT HEPATIC COMA WITH HEPATITIS DELTA |
| 070.6 | UNSPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA |
| 070.9 | UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA |
| 403.01 | HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE |
| 403.11 | HYPERTENSIVE CHRONIC KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE |
| 404.02 | HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE |
| 404.03 | HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE |
| 404.12 | HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE |
| 404.13 | HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE |
| 446.0 | POLYARTERITIS NODOSA |
| 570 | ACUTE AND SUBACUTE NECROSIS OF LIVER |
| 573.1 | HEPATITIS IN VIRAL DISEASES CLASSIFIED ELSEWHERE |
| 573.2 | HEPATITIS IN OTHER INFECTIOUS DISEASES CLASSIFIED ELSEWHERE |
| 573.3 | HEPATITIS UNSPECIFIED |
| 585.4 | CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE) |
| 585.5 | CHRONIC KIDNEY DISEASE, STAGE V |
| 585.6 | END STAGE RENAL DISEASE |
| 719.40 - 719.49 | PAIN IN JOINT SITE UNSPECIFIED - PAIN IN JOINT INVOLVING MULTIPLE SITES |
| 729.1 | MYALGIA AND MYOSITIS UNSPECIFIED |
| 774.4 | PERINATAL JAUNDICE DUE TO HEPATOCELLULAR DAMAGE |
| 780.60 | FEVER, UNSPECIFIED |
| 780.61 | FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE |
| 780.63 | POSTVACCINATION FEVER |
| 780.79 | OTHER MALAISE AND FATIGUE |
| 782.1 | RASH AND OTHER NONSPECIFIC SKIN ERUPTION |
| 782.4 | JAUNDICE UNSPECIFIED NOT OF NEWBORN |
| 783.0 | ANOREXIA |
| 787.02 | NAUSEA ALONE |
| 789.1 | HEPATOMEGALY |
| 790.4 | NONSPECIFIC ELEVATION OF LEVELS OF TRANSAMINASE OR LACTIC ACID DEHYDROGENASE (LDH) |
| 791.9 | OTHER NONSPECIFIC FINDINGS ON EXAMINATION OF URINE |
| 792.1 | NONSPECIFIC ABNORMAL FINDINGS IN STOOL CONTENTS |
| V01.71 - V01.79 | CONTACT OR EXPOSURE TO VARICELLA - CONTACT OR EXPOSURE TO OTHER VIRAL DISEASES |
| V02.61 | CARRIER OR SUSPECTED CARRIER OF HEPATITIS B |
| V45.11* | RENAL DIALYSIS STATUS |

Note: Billing for Hepatitis B Surface Antigen for ESRD beneficiaries requires dual diagnoses. Please submit codes 403.01, 403.11, 404.02, 404.03, 404.12, 404.13, or 585.4-585.6 and *V45.11 to report the approved indication.

* According to the ICD-9-CM book, Diagnosis code V45.11 is a secondary diagnosis code and should not be billed as the primary diagnosis.

Note: Renal dialysis facilities (72x) should report a diagnosis code of 585.6 for submission of claims.

| | |
|------------------------|---|
| ID | 190058 |
| Source | Medicare Part A Policy First Coast - MAC J9 |
| Effective Date | 03/02/2009 |
| Publish Date | June 2006 |
| States Affected | FL PR VI |
| Policy Number | A86803 |
| Subject | Hepatitis C Antibody |

CPT/HCPCS Codes

| | |
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| 86803 | HEPATITIS C ANTIBODY; |
| 86804 | HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG, IMMUNOBLOT) |

General Information

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| <p>Documentation Requirements</p> <p>Medical record documentation maintained by the provider must substantiate the medical necessity of the services being billed. In addition, documentation that the service was performed must be included in the patient’s medical record. This information is normally found in the history and physical, office/progress notes, hospital notes, and/or procedure report.</p> <p>If HCV testing is performed for the indication of abnormal liver function tests with no apparent cause for abnormality, documentation should include copies of the liver function test results.</p> <p>If HCV testing is performed for the indication of suspected exposure to HCV, the medical records should include the time frame of suspected exposure and the circumstances surrounding the exposure.</p> <p>If HCV testing is performed for the indication of signs and symptoms of liver damage without apparent cause, the documentation should present a detailed history of symptoms exhibited by the patient.</p> |
| <p>Utilization Guidelines</p> <p>It is expected that testing for hepatitis C will be performed:</p> <p><u>In the ESRD setting:</u></p> <ul style="list-style-type: none"> · Upon admission and annually · When an exposure occurs which might result in seroconversion · When there is an unexplained new elevation of the transaminases · If there is an increased risk of exposure identified within the facility <p><u>In the non-ESRD setting:</u></p> <ul style="list-style-type: none"> · When an exposure occurs which might result in seroconversion · When there is an unexplained new elevation of the transaminases |

| | |
|------------------------|---|
| ID | 189981 |
| Source | Medicare Part A Policy First Coast - MAC J9 |
| Effective Date | 03/02/2009 |
| Publish Date | July 2000 |
| States Affected | FL PR VI |
| Policy Number | A83735 |
| Subject | Magnesium |

CPT/HCPCS Codes

83735 Magnesium

ICD-9 Codes that Support Medical Necessity

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|-----------------|--|
| 242.00 - 242.91 | TOXIC DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM - THYROTOXICOSIS WITHOUT GOITER OR OTHER CAUSE WITH THYROTOXIC CRISIS OR STORM |
| 250.10 - 250.13 | DIABETES WITH KETOACIDOSIS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH KETOACIDOSIS, TYPE I [JUVENILE TYPE], UNCONTROLLED |
| 250.20 - 250.23 | DIABETES WITH HYPEROSMOLARITY, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH HYPEROSMOLARITY, TYPE I [JUVENILE TYPE], UNCONTROLLED |
| 250.30 - 250.33 | DIABETES WITH OTHER COMA, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH OTHER COMA, TYPE I [JUVENILE TYPE], UNCONTROLLED |
| 250.40 - 250.43 | DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH RENAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED |
| 250.50 - 250.53 | DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED |
| 250.60 - 250.63 | DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED |
| 250.70 - 250.73 | DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE I [JUVENILE TYPE], UNCONTROLLED |
| 250.80 - 250.83 | DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED |
| 252.00 - 252.08 | HYPERPARATHYROIDISM, UNSPECIFIED - OTHER |
| 252.1 | HYPOPARATHYROIDISM |
| 252.8 | OTHER SPECIFIED DISORDERS OF PARATHYROID GLAND |
| 253.6 | OTHER DISORDERS OF NEUROHYPOPHYSIS |
| 255.10 - 255.14 | HYPERALDOSTERONISM, UNSPECIFIED - OTHER SECONDARY |
| 255.41 | GLUCOCORTICOID DEFICIENCY |
| 255.42 | MINERALOCORTICOID DEFICIENCY |
| 259.3 | ECTOPIC HORMONE SECRETION NOT ELSEWHERE CLASSIFIED |
| 260 | KWASHIORKOR |
| 261 | NUTRITIONAL MARASMUS |

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|-----------------|--|
| 262 | OTHER SEVERE PROTEIN-CALORIE MALNUTRITION |
| 263.0 | MALNUTRITION OF MODERATE DEGREE |
| 263.8 | OTHER PROTEIN-CALORIE MALNUTRITION |
| 275.2 | DISORDERS OF MAGNESIUM METABOLISM |
| 275.40 - 275.49 | UNSPECIFIED DISORDER OF CALCIUM METABOLISM - OTHER DISORDERS OF CALCIUM METABOLISM |
| 276.2 | ACIDOSIS |
| 276.4 | MIXED ACID-BASE BALANCE DISORDER |
| 276.50 - 276.52 | VOLUME DEPLETION, UNSPECIFIED - HYPOVOLEMIA |
| 276.7 | HYPERPOTASSEMIA |
| 276.8 | HYPOPOTASSEMIA |
| 293.0 | DELIRIUM DUE TO CONDITIONS CLASSIFIED ELSEWHERE |
| 293.1 | SUBACUTE DELIRIUM |
| 303.90 - 303.93 | OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE UNSPECIFIED DRINKING BEHAVIOR - OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE IN REMISSION |
| 305.00 - 305.03 | NONDEPENDENT ALCOHOL ABUSE UNSPECIFIED DRINKING BEHAVIOR - NONDEPENDENT ALCOHOL ABUSE IN REMISSION |
| 307.1 | ANOREXIA NERVOSA |
| 307.51 | BULIMIA NERVOSA |
| 307.52 | PICA |
| 333.2 | MYOCLONUS |
| 333.3 | TICS OF ORGANIC ORIGIN |
| 410.00 - 410.92 | ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE UNSPECIFIED - ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE SUBSEQUENT EPISODE OF CARE |
| 424.0 | MITRAL VALVE DISORDERS |
| 427.0 - 427.89 | PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA - OTHER SPECIFIED CARDIAC DYSRHYTHMIAS |
| 428.0 | CONGESTIVE HEART FAILURE UNSPECIFIED |
| 458.0 - 458.8 | ORTHOSTATIC HYPOTENSION - OTHER SPECIFIED HYPOTENSION |
| 536.2 | PERSISTENT VOMITING |
| 577.0 - 577.9 | ACUTE PANCREATITIS - UNSPECIFIED DISEASE OF PANCREAS |
| 579.3 | OTHER AND UNSPECIFIED POSTSURGICAL NONABSORPTION |
| 579.8 | OTHER SPECIFIED INTESTINAL MALABSORPTION |
| 584.5 - 584.9 | ACUTE RENAL FAILURE WITH LESION OF TUBULAR NECROSIS - ACUTE RENAL FAILURE UNSPECIFIED |
| 585.1 - 585.9 | CHRONIC KIDNEY DISEASE, STAGE I - CHRONIC KIDNEY DISEASE, UNSPECIFIED |
| 588.81 - 588.89 | SECONDARY HYPERPARATHYROIDISM (OF RENAL ORIGIN) - OTHER SPECIFIED DISORDERS RESULTING FROM IMPAIRED RENAL FUNCTION |
| 593.81 | VASCULAR DISORDERS OF KIDNEY |
| 643.00 - 643.83 | MILD HYPEREMESIS GRAVIDARUM UNSPECIFIED AS TO EPISODE OF CARE - OTHER VOMITING COMPLICATING PREGNANCY ANTEPARTUM |
| 646.80 - 646.84 | OTHER SPECIFIED COMPLICATIONS OF PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE - OTHER SPECIFIED POSTPARTUM COMPLICATIONS |
| 728.87 | MUSCLE WEAKNESS (GENERALIZED) |
| 728.88 | RHABDOMYOLYSIS |
| 728.89 | OTHER DISORDERS OF MUSCLE LIGAMENT AND FASCIA |
| 763.81 - 763.89 | ABNORMALITY IN FETAL HEART RATE OR RHYTHM BEFORE THE ONSET OF LABOR - OTHER SPECIFIED COMPLICATIONS OF LABOR AND DELIVERY AFFECTING FETUS OR NEWBORN |
| 780.01 | COMA |
| 780.02 | TRANSIENT ALTERATION OF AWARENESS |
| 780.09 | ALTERATION OF CONSCIOUSNESS OTHER |
| 780.2 | SYNCOPE AND COLLAPSE |
| 780.31 - 780.39 | FEBRILE CONVULSIONS (SIMPLE), UNSPECIFIED - OTHER CONVULSIONS |
| 781.0 | ABNORMAL INVOLUNTARY MOVEMENTS |

| | |
|---|---|
| 781.7 | TETANY |
| 783.0 | ANOREXIA |
| 785.0 | TACHYCARDIA UNSPECIFIED |
| 785.50 - 785.59 | SHOCK UNSPECIFIED - OTHER SHOCK WITHOUT TRAUMA |
| 787.01 - 787.03 | NAUSEA WITH VOMITING - VOMITING ALONE |
| 787.91 | DIARRHEA |
| 790.6 | OTHER ABNORMAL BLOOD CHEMISTRY |
| 794.31 | NONSPECIFIC ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG) |
| 794.4 | NONSPECIFIC ABNORMAL RESULTS OF FUNCTION STUDY OF KIDNEY |
| 796.1 | ABNORMAL REFLEX |
| 799.4 | CACHEXIA |
| 940.0 - 949.5 | CHEMICAL BURN OF EYELIDS AND PERIOcular AREA - DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE UNSPECIFIED SITE WITH LOSS OF A BODY PART |
| 958.4 | TRAUMATIC SHOCK |
| 995.29 | UNSPECIFIED ADVERSE EFFECT OF OTHER DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE |
| 997.1 | CARDIAC COMPLICATIONS NOT ELSEWHERE CLASSIFIED |
| 998.0 | POSTOPERATIVE SHOCK NOT ELSEWHERE CLASSIFIED |
| V42.0* | KIDNEY REPLACED BY TRANSPLANT |
| V42.7* | LIVER REPLACED BY TRANSPLANT |
| V56.0 | AFTERCARE INVOLVING EXTRACORPOREAL DIALYSIS |
| V56.8 | AFTERCARE INVOLVING OTHER DIALYSIS |
| V58.11 | ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY |
| V58.69* | LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS |
| * According to the ICD-9-CM book, diagnosis codes V42.0 V42.7 and V58.69 are secondary diagnosis codes and should not be billed as the primary diagnosis. | |
| Note: Renal dialysis facilities (72x) should report a diagnosis code of 585.6 for submission of claims. | |

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|------------------------|---|
| ID | 189985 |
| Source | Medicare Part A Policy First Coast - MAC J9 |
| Effective Date | 03/02/2009 |
| Publish Date | January 1999 |
| States Affected | FL PR VI |
| Policy Number | A83970 |
| Subject | Parathormone (Parathyroid Hormone) |

CPT/HCPCS Codes

83970 Parathormone (parathyroid hormone)

ICD-9 Codes that Support Medical Necessity

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|-----------------|--|
| 227.1 | BENIGN NEOPLASM OF PARATHYROID GLAND |
| 252.00 - 252.08 | HYPERPARATHYROIDISM, UNSPECIFIED - OTHER HYPERPARATHYROIDISM |
| 252.1 | HYPOPARATHYROIDISM |
| 259.3 | ECTOPIC HORMONE SECRETION NOT ELSEWHERE CLASSIFIED |
| 275.2 | DISORDERS OF MAGNESIUM METABOLISM |
| 275.3 | DISORDERS OF PHOSPHORUS METABOLISM |
| 275.41 | HYPOCALCEMIA |
| 275.42 | HYPERCALCEMIA |
| 275.49 | OTHER DISORDERS OF CALCIUM METABOLISM |
| 278.4 | HYPERVITAMINOSIS D |
| 293.0 | DELIRIUM DUE TO CONDITIONS CLASSIFIED ELSEWHERE |
| 293.83 | MOOD DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE |
| 585.1 - 585.9 | CHRONIC KIDNEY DISEASE, STAGE I - CHRONIC KIDNEY DISEASE, UNSPECIFIED |
| 586 | RENAL FAILURE UNSPECIFIED |
| 588.81 - 588.89 | SECONDARY HYPERPARATHYROIDISM (OF RENAL ORIGIN) - OTHER SPECIFIED DISORDERS RESULTING FROM IMPAIRED RENAL FUNCTION |
| 728.85 | SPASM OF MUSCLE |
| 733.00 | OSTEOPOROSIS UNSPECIFIED |
| 733.01 | SENILE OSTEOPOROSIS |
| 733.02 | IDIOPATHIC OSTEOPOROSIS |
| 733.90 | DISORDER OF BONE AND CARTILAGE UNSPECIFIED |
| 780.79 | OTHER MALAISE AND FATIGUE |
| 781.0 | ABNORMAL INVOLUNTARY MOVEMENTS |
| 781.7 | TETANY |
| 787.01 - 787.03 | NAUSEA WITH VOMITING - VOMITING ALONE |
| 787.20 - 787.29 | DYSPHAGIA, UNSPECIFIED - OTHER DYSPHAGIA |
| 788.42 | POLYURIA |
| V42.0* | KIDNEY REPLACED BY TRANSPLANT |
| V67.00 | FOLLOW-UP EXAMINATION FOLLOWING UNSPECIFIED SURGERY |
| V67.09 | FOLLOW-UP EXAMINATION FOLLOWING OTHER SURGERY |

* According to the ICD-9-CM book, diagnosis code V42.0 is a secondary diagnosis code and should not be billed as the primary diagnosis.

Note: Renal dialysis facilities (72x) should report a diagnosis code of 585.6 for submission of claims.

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| ID | 189986 |
| Source | Medicare Part A Policy First Coast - MAC J9 |
| Effective Date | 03/02/2009 |
| Publish Date | January 2001 |
| States Affected | FL PR VI |
| Policy Number | A84100 |
| Subject | Serum Phosphorus |

CPT/HCPCS Codes

84100 Phosphorus inorganic (phosphate);

ICD-9 Codes that Support Medical Necessity

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|-----------------|--|
| 135 | SARCOIDOSIS |
| 170.0 - 170.9 | MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE EXCEPT MANDIBLE - MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE SITE UNSPECIFIED |
| 198.5 | SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW |
| 203.00 - 203.02 | MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION - MULTIPLE MYELOMA, IN RELAPSE |
| 238.6 | NEOPLASM OF UNCERTAIN BEHAVIOR OF PLASMA CELLS |
| 252.00 - 252.08 | HYPERPARATHYROIDISM, UNSPECIFIED - OTHER HYPERPARATHYROIDISM |
| 260 | KWASHIORKOR |
| 261 | NUTRITIONAL MARASMUS |
| 262 | OTHER SEVERE PROTEIN-CALORIE MALNUTRITION |
| 263.0 - 263.9 | MALNUTRITION OF MODERATE DEGREE - UNSPECIFIED PROTEIN-CALORIE MALNUTRITION |
| 268.0 - 268.9 | RICKETS ACTIVE - UNSPECIFIED VITAMIN D DEFICIENCY |
| 275.2 | DISORDERS OF MAGNESIUM METABOLISM |
| 275.3 | DISORDERS OF PHOSPHORUS METABOLISM |
| 275.40 - 275.49 | UNSPECIFIED DISORDER OF CALCIUM METABOLISM - OTHER DISORDERS OF CALCIUM METABOLISM |
| 276.0 - 276.9 | HYPEROSMOLALITY AND/OR HYPERNATREMIA - ELECTROLYTE AND FLUID DISORDERS NOT ELSEWHERE CLASSIFIED |
| 278.4 | HYPERVITAMINOSIS D |
| 278.8 | OTHER HYPERALIMENTATION |
| 283.9 | ACQUIRED HEMOLYTIC ANEMIA UNSPECIFIED |
| 287.0 - 287.9 | ALLERGIC PURPURA - UNSPECIFIED HEMORRHAGIC CONDITIONS |
| 293.0 | DELIRIUM DUE TO CONDITIONS CLASSIFIED ELSEWHERE |
| 293.1 | SUBACUTE DELIRIUM |
| 348.30 - 348.39 | ENCEPHALOPATHY UNSPECIFIED - OTHER ENCEPHALOPATHY |
| 403.01 | HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE |
| 403.11 | HYPERTENSIVE CHRONIC KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE |
| 404.02 | HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE |
| 404.03 | HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE |
| 404.12 | HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE |
| 404.13 | HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITH |

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| | HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE |
| 579.0 - 579.9 | CELIAC DISEASE - UNSPECIFIED INTESTINAL MALABSORPTION |
| 580.0 - 580.9 | ACUTE GLOMERULONEPHRITIS WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS - ACUTE GLOMERULONEPHRITIS WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY |
| 581.0 - 581.9 | NEPHROTIC SYNDROME WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS - NEPHROTIC SYNDROME WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY |
| 582.0 - 582.9 | CHRONIC GLOMERULONEPHRITIS WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS - CHRONIC GLOMERULONEPHRITIS WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY |
| 583.0 - 583.9 | NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS - NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY |
| 584.5 - 584.9 | ACUTE RENAL FAILURE WITH LESION OF TUBULAR NECROSIS - ACUTE RENAL FAILURE UNSPECIFIED |
| 585.1 - 585.9 | CHRONIC KIDNEY DISEASE, STAGE I - CHRONIC KIDNEY DISEASE, UNSPECIFIED |
| 586 | RENAL FAILURE UNSPECIFIED |
| 587 | RENAL SCLEROSIS UNSPECIFIED |
| 588.0 - 588.9 | RENAL OSTEODYSTROPHY - UNSPECIFIED DISORDER RESULTING FROM IMPAIRED RENAL FUNCTION |
| 646.90 | UNSPECIFIED COMPLICATION OF PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE |
| 728.87 | MUSCLE WEAKNESS (GENERALIZED) |
| 728.88 | RHABDOMYOLYSIS |
| 728.89 | OTHER DISORDERS OF MUSCLE LIGAMENT AND FASCIA |
| 728.9 | UNSPECIFIED DISORDER OF MUSCLE LIGAMENT AND FASCIA |
| 729.1 | MYALGIA AND MYOSITIS UNSPECIFIED |
| 731.0 | OSTEITIS DEFORMANS WITHOUT BONE TUMOR |
| 733.90 | DISORDER OF BONE AND CARTILAGE UNSPECIFIED |
| 753.9 | UNSPECIFIED CONGENITAL ANOMALY OF URINARY SYSTEM |
| 780.39 | OTHER CONVULSIONS |
| 782.0 | DISTURBANCE OF SKIN SENSATION |
| 783.0 | ANOREXIA |
| 787.02 | NAUSEA ALONE |
| 790.6 | OTHER ABNORMAL BLOOD CHEMISTRY |
| 790.7 | BACTEREMIA |
| 793.0 | NONSPECIFIC ABNORMAL FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF SKULL AND HEAD |
| 793.7 | NONSPECIFIC ABNORMAL FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF MUSCULOSKELETAL SYSTEM |
| 799.2 | NERVOUSNESS |
| 965.1 | POISONING BY SALICYLATES |
| 990 | EFFECTS OF RADIATION UNSPECIFIED |
| 995.84 | ADULT NEGLECT (NUTRITIONAL) |
| E858.5* | ACCIDENTAL POISONING BY WATER MINERAL AND URIC ACID METABOLISM DRUGS |
| E933.3* | ALKALIZING AGENTS CAUSING ADVERSE EFFECTS IN THERAPEUTIC USE |
| E943.0* | ANTACIDS AND ANTIGASTRIC SECRETION DRUGS CAUSING ADVERSE EFFECTS IN THERAPEUTIC USE |
| E944.0 - E944.7* | MERCURIAL DIURETICS CAUSING ADVERSE EFFECTS IN THERAPEUTIC USE - URIC ACID METABOLISM DRUGS CAUSING ADVERSE EFFECTS IN THERAPEUTIC USE |
| V45.89* | OTHER POSTSURGICAL STATUS |

* According to the ICD-9-CM book, Diagnosis codes E858.5, E933.3, E943.0, E944.0-E944.7 and V45.89 are secondary diagnosis codes and should not be billed as the primary diagnosis.
Note: Renal dialysis facilities (72x) should report a diagnosis code of 585.6 for submission of claims.

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| ID | 189988 |
| Source | Medicare Part A Policy First Coast - MAC J9 |
| Effective Date | 03/02/2009 |
| Publish Date | March 1997 |
| States Affected | FL PR VI |
| Policy Number | A85651 |
| Subject | Sedimentation Rate, Erythrocyte |

CPT/HCPCS Codes

85651 Sedimentation rate, erythrocyte; nonautomated
85652 Sedimentation rate, erythrocyte; automated

ICD-9 Codes that Support Medical Necessity

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| 200.20 - 200.28 | BURKITT'S TUMOR OR LYMPHOMA UNSPECIFIED SITE - BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF MULTIPLE SITES |
| 201.00 - 201.98 | HODGKIN'S PARAGRANULOMA UNSPECIFIED SITE - HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF MULTIPLE SITES |
| 202.00 - 202.08 | NODULAR LYMPHOMA UNSPECIFIED SITE - NODULAR LYMPHOMA INVOLVING LYMPH NODES OF MULTIPLE SITES |
| 202.80 - 202.88 | OTHER MALIGNANT LYMPHOMAS UNSPECIFIED SITE - OTHER MALIGNANT LYMPHOMAS INVOLVING LYMPH NODES OF MULTIPLE SITES |
| 240.0 - 240.9 | GOITER SPECIFIED AS SIMPLE - GOITER UNSPECIFIED |
| 241.0 - 241.9 | NONTOXIC UNINODULAR GOITER - UNSPECIFIED NONTOXIC NODULAR GOITER |
| 242.00 - 242.91 | TOXIC DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM - THYROTOXICOSIS WITHOUT GOITER OR OTHER CAUSE WITH THYROTOXIC CRISIS OR STORM |
| 245.0 - 245.9 | ACUTE THYROIDITIS - THYROIDITIS UNSPECIFIED |
| 246.8 | OTHER SPECIFIED DISORDERS OF THYROID |
| 279.4 | AUTOIMMUNE DISEASE NOT ELSEWHERE CLASSIFIED |
| 362.34 | TRANSIENT RETINAL ARTERIAL OCCLUSION |
| 379.91 | PAIN IN OR AROUND EYE |
| 391.0 | ACUTE RHEUMATIC PERICARDITIS |
| 391.1 | ACUTE RHEUMATIC ENDOCARDITIS |
| 391.2 | ACUTE RHEUMATIC MYOCARDITIS |
| 391.8 | OTHER ACUTE RHEUMATIC HEART DISEASE |
| 410.00 - 410.92 | ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE UNSPECIFIED - ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE SUBSEQUENT EPISODE OF CARE |
| 446.0 | POLYARTERITIS NODOSA |
| 446.5 | GIANT CELL ARTERITIS |
| 447.6 | ARTERITIS UNSPECIFIED |
| 556.0 - 556.9 | ULCERATIVE (CHRONIC) ENTEROCOLITIS - ULCERATIVE COLITIS UNSPECIFIED |
| 696.0 | PSORIATIC ARTHROPATHY |
| 710.0 | SYSTEMIC LUPUS ERYTHEMATOSUS |
| 710.1 | SYSTEMIC SCLEROSIS |
| 710.2 | SICCA SYNDROME |
| 710.4 | POLYMYOSITIS |
| 710.9 | UNSPECIFIED DIFFUSE CONNECTIVE TISSUE DISEASE |
| 714.0 | RHEUMATOID ARTHRITIS |
| 714.1 | FELTY'S SYNDROME |
| 714.2 | OTHER RHEUMATOID ARTHRITIS WITH VISCERAL OR SYSTEMIC INVOLVEMENT |
| 714.30 | CHRONIC OR UNSPECIFIED POLYARTICULAR JUVENILE RHEUMATOID |

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| | ARTHRITIS |
| 714.81 | RHEUMATOID LUNG |
| 714.9 | UNSPECIFIED INFLAMMATORY POLYARTHROPATHY |
| 716.59 | UNSPECIFIED POLYARTHROPATHY OR POLYARTHRITIS INVOLVING MULTIPLE SITES |
| 719.49 | PAIN IN JOINT INVOLVING MULTIPLE SITES |
| 720.0 | ANKYLOSING SPONDYLITIS |
| 725 | POLYMYALGIA RHEUMATICA |
| 729.1 | MYALGIA AND MYOSITIS UNSPECIFIED |
| 733.99 | OTHER DISORDERS OF BONE AND CARTILAGE |
| 783.21 | LOSS OF WEIGHT |
| 784.0 | HEADACHE |
| E933.1 | ANTINEOPLASTIC AND IMMUNOSUPPRESSIVE DRUGS CAUSING ADVERSE EFFECTS IN THERAPEUTIC USE |
| E933.8 | OTHER SYSTEMIC AGENTS NOT ELSEWHERE CLASSIFIED CAUSING ADVERSE EFFECTS IN THERAPEUTIC USE |
| E935.6 | ANTIRHEUMATICS (ANTIPHLOGISTICS) CAUSING ADVERSE EFFECTS IN THERAPEUTIC USE |
| E947.2 | ANTIDOTES AND CHELATING AGENTS NOT ELSEWHERE CLASSIFIED CAUSING ADVERSE EFFECTS IN THERAPEUTIC USE |
| V10.72 | PERSONAL HISTORY OF HODGKIN'S DISEASE |

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|------------------------|---|
| ID | 190014 |
| Source | Medicare Part A Policy First Coast - MAC J9 |
| Effective Date | 03/02/2009 |
| Publish Date | February 2009 |
| States Affected | FL PR VI |
| Policy Number | 98-03-02 |
| Subject | Syphilis Test |

CPT/HCPCS Codes

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| 86592 | SYPHILIS TEST; QUALITATIVE (EG, VDRL, RPR, ART) |
| 86593 | SYPHILIS TEST; QUANTITATIVE |
| 86781 | ANTIBODY; TREPONEMA PALLIDUM, CONFIRMATORY TEST (EG, FTA-ABS) |

ICD-9 Codes that Support Medical Necessity

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| 042 | HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE |
| 053.0 - 053.9 | HERPES ZOSTER WITH MENINGITIS - HERPES ZOSTER WITHOUT COMPLICATION |
| 054.0 - 054.9 | ECZEMA HERPETICUM - HERPES SIMPLEX WITHOUT COMPLICATION |
| 070.0 - 070.9 | VIRAL HEPATITIS A WITH HEPATIC COMA - UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA |
| 078.0 | MOLLUSCUM CONTAGIOSUM |
| 078.10 - 078.19 | VIRAL WARTS UNSPECIFIED - OTHER SPECIFIED VIRAL WARTS |
| 078.88 | OTHER SPECIFIED DISEASES DUE TO CHLAMYDIAE |
| 079.4 | HUMAN PAPILLOMAVIRUS IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE |
| 079.50 - 079.59 | RETROVIRUS UNSPECIFIED - OTHER SPECIFIED RETROVIRUS |
| 079.88 | OTHER SPECIFIED CHLAMYDIAL INFECTION |
| 090.0 - 090.9 | EARLY CONGENITAL SYPHILIS SYMPTOMATIC - CONGENITAL SYPHILIS UNSPECIFIED |
| 091.0 - 091.9 | GENITAL SYPHILIS (PRIMARY) - UNSPECIFIED SECONDARY SYPHILIS |
| 092.0 - 092.9 | EARLY SYPHILIS LATENT SEROLOGICAL RELAPSE AFTER TREATMENT - EARLY SYPHILIS LATENT UNSPECIFIED |
| 093.0 - 093.9 | ANEURYSM OF AORTA SPECIFIED AS SYPHILITIC - CARDIOVASCULAR SYPHILIS UNSPECIFIED |
| 094.0 - 094.9 | TABES DORSALIS - NEUROSYPHILIS UNSPECIFIED |
| 095.0 - 095.9 | SYPHILITIC EPISCLERITIS - LATE SYMPTOMATIC SYPHILIS UNSPECIFIED |
| 096 | LATE SYPHILIS LATENT |
| 097.0 - 097.9 | LATE SYPHILIS UNSPECIFIED - SYPHILIS UNSPECIFIED |
| 098.0 - 098.89 | GONOCOCCAL INFECTION (ACUTE) OF LOWER GENITOURINARY TRACT - GONOCOCCAL INFECTION OF OTHER SPECIFIED SITES |
| 099.0 - 099.9 | CHANCROID - VENEREAL DISEASE UNSPECIFIED |
| 104.0 | NONVENEREAL ENDEMIC SYPHILIS |
| 131.00 | UROGENITAL TRICHOMONIASIS UNSPECIFIED |
| 131.02 | TRICHOMONAL URETHRITIS |
| 131.03 | TRICHOMONAL PROSTATITIS |
| 131.09 | OTHER UROGENITAL TRICHOMONIASIS |
| 131.8 | TRICHOMONIASIS OF OTHER SPECIFIED SITES |
| 131.9 | TRICHOMONIASIS UNSPECIFIED |
| 290.10 - 290.13 | PRESENILE DEMENTIA UNCOMPLICATED - PRESENILE DEMENTIA WITH DEPRESSIVE FEATURES |
| 293.0 | DELIRIUM DUE TO CONDITIONS CLASSIFIED ELSEWHERE |
| 293.1 | SUBACUTE DELIRIUM |
| 294.8 | OTHER PERSISTENT MENTAL DISORDERS DUE TO CONDITIONS |

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| | CLASSIFIED ELSEWHERE |
| 296.82 | ATYPICAL DEPRESSIVE DISORDER |
| 310.1 | PERSONALITY CHANGE DUE TO CONDITIONS CLASSIFIED ELSEWHERE |
| 331.0 | ALZHEIMER'S DISEASE |
| 331.2 | SENILE DEGENERATION OF BRAIN |
| 331.9 | CEREBRAL DEGENERATION UNSPECIFIED |
| 356.0 | HEREDITARY PERIPHERAL NEUROPATHY |
| 356.9 | UNSPECIFIED IDIOPATHIC PERIPHERAL NEUROPATHY |
| 389.10 | SENSORINEURAL HEARING LOSS UNSPECIFIED |
| 604.0 | ORCHITIS EPIDIDYMITIS AND EPIDIDYMO-ORCHITIS WITH ABSCESS |
| 604.90 | ORCHITIS AND EPIDIDYMITIS UNSPECIFIED |
| 604.91 | ORCHITIS AND EPIDIDYMITIS IN DISEASES CLASSIFIED ELSEWHERE |
| 614.0 - 614.9 | ACUTE SALPINGITIS AND OOPHORITIS - UNSPECIFIED INFLAMMATORY DISEASE OF FEMALE PELVIC ORGANS AND TISSUES |
| 615.0 - 615.9 | ACUTE INFLAMMATORY DISEASES OF UTERUS EXCEPT CERVIX - UNSPECIFIED INFLAMMATORY DISEASE OF UTERUS |
| 616.0 - 616.9 | CERVICITIS AND ENDOCERVICITIS - UNSPECIFIED INFLAMMATORY DISEASE OF CERVIX VAGINA AND VULVA |
| 760.2 | MATERNAL INFECTIONS AFFECTING FETUS OR NEWBORN |
| 781.2 | ABNORMALITY OF GAIT |
| 782.1 | RASH AND OTHER NONSPECIFIC SKIN ERUPTION |
| 785.6 | ENLARGEMENT OF LYMPH NODES |
| V01.6 | CONTACT WITH OR EXPOSURE TO VENEREAL DISEASES |
| V02.7 | CARRIER OR SUSPECTED CARRIER OF GONORRHEA |
| V02.8 | CARRIER OR SUSPECTED CARRIER OF OTHER VENEREAL DISEASES |
| V08 | ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION STATUS |

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|------------------------|---|
| ID | 189987 |
| Source | Medicare Part A Policy First Coast - MAC J9 |
| Effective Date | 03/02/2009 |
| Publish Date | November 1998 |
| States Affected | FL PR VI |
| Policy Number | A84484 |
| Subject | Troponin |

CPT/HCPCS Codes

84484 Troponin, quantitative
84512 Troponin, qualitative

ICD-9 Codes that Support Medical Necessity

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|--------------------|--|
| 410.00 - 410.92 | ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE UNSPECIFIED - ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE SUBSEQUENT EPISODE OF CARE |
| 411.1 | INTERMEDIATE CORONARY SYNDROME |
| 413.0 - 413.9 | ANGINA DECUBITUS - OTHER AND UNSPECIFIED ANGINA PECTORIS |
| 427.0 - 427.9 | PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA - CARDIAC DYSRHYTHMIA UNSPECIFIED |
| 729.5 | PAIN IN LIMB |
| 780.2 | SYNCOPE AND COLLAPSE |
| 785.0 | TACHYCARDIA UNSPECIFIED |
| 786.03 | APNEA |
| 786.04 | CHEYNE-STOKES RESPIRATION |
| 786.05 | SHORTNESS OF BREATH |
| 786.06 | TACHYPNEA |
| 786.07 | WHEEZING |
| 786.09 | RESPIRATORY ABNORMALITY OTHER |
| 786.50 - 786.59 | UNSPECIFIED CHEST PAIN - OTHER CHEST PAIN |
| 789.06 | ABDOMINAL PAIN EPIGASTRIC |
| 794.31 | NONSPECIFIC ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG) |

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|------------------------|---|
| ID | 190013 |
| Source | Medicare Part A Policy First Coast - MAC J9 |
| Effective Date | 03/02/2009 |
| Publish Date | February 2009 |
| States Affected | FL PR VI |
| Policy Number | 81000 |
| Subject | Urinalysis |

CPT/HCPCS Codes

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| 81000 | URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; NON-AUTOMATED, WITH MICROSCOPY |
| 81001 | URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITH MICROSCOPY |
| 81002 | URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; NON-AUTOMATED, WITHOUT MICROSCOPY |
| 81003 | URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITHOUT MICROSCOPY |

General Information

Documentation Requirements

Medical record documentation maintained by the ordering/referring physician/nonphysician practitioner must indicate the medical necessity for performing the test including:

- office/progress notes
- laboratory results

If the provider of the service is other than the ordering/referring physician/nonphysician practitioner, the provider of the service must maintain documentation of test results and interpretation, along with copies of the ordering/referring physician/nonphysician practitioner's order for the studies. The physician/nonphysician practitioner must state the clinical indication/medical necessity for the study in his order for the test.

Utilization Guidelines

N/A

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|------------------------|---|
| ID | 166456 |
| Source | CMS National Coverage Decision |
| Effective Date | 06/19/2006 |
| Publish Date | July 2001 |
| States Affected | NA |
| Policy Number | 210.2 |
| Subject | Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer |

Indications and Limitations of Coverage

CIM 50-20.1

Screening Pap Smear

A screening pap smear and related medically necessary services provided to a woman for the early detection of cervical cancer (including collection of the sample of cells and a physician's interpretation of the test results) and pelvic examination (including clinical breast examination) are covered under Medicare Part B when ordered by a physician (or authorized practitioner) under one of the following conditions:

- She has not had such a test during the preceding **two** years or is a woman of childbearing age (§1861(nn) of the Act).
- There is evidence (on the basis of her medical history or other findings) that she is at high risk of developing cervical cancer and her physician (or authorized practitioner) recommends that she have the test performed more frequently than every **two** years.

High risk factors for cervical and vaginal cancer are:

- Early onset of sexual activity (under 16 years of age).
- Multiple sexual partners (five or more in a lifetime).
- History of sexually transmitted disease (including HIV infection).
- Fewer than three negative or any pap smears within the previous 7 years.; and
- DES (diethylstilbestrol) - exposed daughters of women who took DES during pregnancy.

NOTE: Claims for pap smears must indicate the beneficiary's low or high risk status by including the appropriate ICD-9-CM on the line item (Item 24E of the Form CMS-1500).

Definitions

- A woman as described in §1861(nn) of the Act is a woman who is of childbearing age and has had a pap smear test during any of the preceding three years that indicated the presence of cervical or vaginal cancer or other abnormality, or is at high risk of developing cervical or vaginal cancer.
- A woman of childbearing age is one who is premenopausal and has been determined by a physician or other qualified practitioner to be of childbearing age, based upon the medical history or other findings.
- Other qualified practitioner, as defined in 42 CFR 410.56(a) includes a certified nurse midwife (as defined in §1861(gg) of the Act), or a physician assistant, nurse practitioner, or clinical nurse specialist (as defined in §1861(aa) of the Act) who is authorized under State law to perform the examination.

Screening Pelvic Examination

Section 4102 of the Balanced Budget Act of 1997 provides for coverage of screening pelvic examinations (including a clinical breast examination) for all female beneficiaries, subject to certain frequency and other limitations. A screening pelvic examination (including a clinical breast examination) should include at least seven of the following eleven elements:

- Inspection and palpation of breasts for masses or lumps, tenderness, symmetry, or nipple discharge.
- Digital rectal examination including sphincter tone, presence of hemorrhoids, and rectal masses. Pelvic examination (with or without specimen collection for smears and cultures) including:
- External genitalia (for example, general appearance, hair distribution, or lesions).

- Urethral meatus (for example, size, location, lesions, or prolapse).
- Urethra (for example, masses, tenderness, or scarring).
- Bladder (for example, fullness, masses, or tenderness).
- Vagina (for example, general appearance, estrogen effect, discharge lesions, pelvic support, cystocele, or rectocele).
- Cervix (for example, general appearance, lesions, or discharge).
- Uterus (for example, size, contour, position, mobility, tenderness, consistency, descent, or support).
- Adnexa/parametria (for example, masses, tenderness, organomegaly, or nodularity).
- Anus and perineum.

This description is from Documentation Guidelines for Evaluation and Management Services, published in May 1997 and was developed by the Centers for Medicare and Medicaid Services and the American Medical Association.

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|------------------------|---|
| ID | 121035 |
| Source | CMS National Coverage Decision |
| Effective Date | 06/19/2006 |
| Publish Date | April 1999 |
| States Affected | NA |
| Policy Number | 210.1 |
| Subject | Prostate Cancer Screening Tests-Covered |

Indications and Limitations of Coverage

CIM 50-55

Covered

A. General

Section 4103 of the Balanced Budget Act of 1997 provides for coverage of certain prostate cancer screening tests subject to certain coverage, frequency, and payment limitations. Medicare will cover prostate cancer screening tests/procedures for the early detection of prostate cancer. Coverage of prostate cancer screening tests includes the following procedures furnished to an individual for the early detection of prostate cancer:

- Screening digital rectal examination; and
- Screening prostate specific antigen blood test (PSA- orderable lab test)

B. Screening Digital Rectal Examinations

Screening digital rectal examinations are covered at a frequency of once every 12 months for men who have attained age 50 (at least 11 months have passed following the month in which the last Medicare-covered screening digital rectal examination was performed). Screening digital rectal examination means a clinical examination of an individual's prostate for nodules or other abnormalities of the prostate. This screening must be performed by a doctor of medicine or osteopathy (as defined in §1861(r)(1) of the Act), or by a physician assistant, nurse practitioner, clinical nurse specialist, or certified nurse midwife (as defined in §1861(aa) and §1861(gg) of the Act) who is authorized under State law to perform the examination, fully knowledgeable about the beneficiary's medical condition, and would be responsible for using the results of any examination performed in the overall management of the beneficiary's specific medical problem.

C. Screening Prostate Specific Antigen Tests

Screening prostate specific antigen tests are covered at a frequency of once every 12 months for men who have attained age 50 (at least 11 months have passed following the month in which the last Medicare-covered screening prostate specific antigen test was performed). Screening prostate specific antigen tests (PSA) means a test to detect the marker for adenocarcinoma of prostate. PSA is a reliable immunocytochemical marker for primary and metastatic adenocarcinoma of prostate. This screening must be ordered by the beneficiary's physician or by the beneficiary's physician assistant, nurse practitioner, clinical nurse specialist, or certified nurse midwife (the term "attending physician" is defined in §1861(r)(1) of the Act to mean a doctor of medicine or osteopathy and the terms "physician assistant, nurse practitioner, clinical nurse specialist, or certified nurse midwife" are defined in §1861(aa) and §1861(gg) of the Act) who is fully knowledgeable about the beneficiary's medical condition, and who would be responsible for using the results of any examination (test) performed in the overall management of the beneficiary's specific medical problem.

Coding Analyses for Labs (CALs)

This NCD has been or is currently being reviewed under the National Coverage Determination process. The following are existing associations with CALs, from the Coding Analyses for Labs database.

- Original consideration for Codes That Are Not Covered by Medicare (Removal of ICD-9-CM Code V76.44, Prostate Cancer Screening, From the List) (CAG-00297N)

Other Versions

Prostate Cancer Screening Tests - Version 1, Effective between 01/01/2000 - 06/19/2006

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From the Medicare Guide to Preventive Services - April 2007 - pgs 131-139

Coverage Information

Medicare provides coverage of an annual preventive prostate cancer screening PSA blood test and DRE once every 12 months for all male beneficiaries age 50 and older (coverage begins the day after the beneficiary’s 50th birthday), if at least 11 months have passed following the month in which the last Medicare-covered screening PSA test or DRE was performed for the early detection of prostate cancer.

The Screening Prostate Specific Antigen (PSA) Blood Test

The screening PSA blood test must be ordered by the beneficiary’s physician (doctor of medicine or osteopathy) or by the beneficiary’s physician assistant, nurse practitioner, clinical nurse specialist, or certified nurse midwife who is fully knowledgeable about the beneficiary’s medical condition, and would be responsible for explaining the results of the test to the beneficiary.

Coverage of the screening PSA blood test is provided as a Medicare Part B benefit. The PSA blood test is a lab test for which neither the deductible nor coinsurance or copayment apply.

The Screening Digital Rectal Examination (DRE)

The screening DRE must be performed by a doctor of medicine or osteopathy, physician assistant, nurse practitioner, clinical nurse specialist, or by a certified nurse midwife who is authorized under State law to perform the examination, be fully knowledgeable about the beneficiary’s medical condition, and be responsible for explaining the results of the examination to the beneficiary.

Coverage of the screening DRE is provided as a Medicare Part B benefit. The Medicare Part B deductible and coinsurance or copayment apply for the DRE.

Coding and Diagnosis Information

Procedure Codes and Descriptors

The following Healthcare Common Procedure Coding System (HCPCS) codes listed in Table 1 are used to report prostate cancer screening services:

| HCPCS Codes | HCPCS Code Descriptors |
|--------------------|---|
| G0102 | Prostate cancer screening; digital rectal examination |
| G0103 | Prostate cancer screening; prostate specific antigen test (PSA) |

Table 1 - HCPCS Codes for Prostate Cancer Screening Services

NOTE: The Type of Service (TOS) code to report with HCPCS code G0102 is TOS 1 and with HCPCS code G0103 is TOS 5.

IMPORTANT NOTE

When submitting claims for the annual preventive prostate cancer screening PSA test it is important to bill for a screening test, which is covered once every 12 months, and not for a diagnostic test.

Calculating Frequency

When calculating frequency, to determine the 11-month period, the count starts beginning with the month after the month in which a previous test/procedure was performed.

EXAMPLE: The beneficiary received a screening PSA test in January 2006. The count starts beginning February 2006. The beneficiary is eligible to receive another screening PSA test in January 2007 (the month after 11 months have passed).

Administrative Simplification Compliance Act Claims Requirements

The Administrative Simplification Compliance Act (ASCA) requires that claims be submitted to Medicare electronically to be considered for payment with limited exceptions. Claims are to be submitted electronically using the X12 837-P (professional) or 837-I (institutional) format as appropriate, using the version adopted as a national standard under the Health Insurance Portability and Accountability Act (HIPAA). Additional information on these formats can be found at

http://www.cms.hhs.gov/ElectronicBillingEDITrans/08_HealthCareClaims.asp on the CMS website.

Diagnosis Requirements

Prostate cancer screening DREs and screening PSA blood tests must be billed using screening ("V") code V76.44 (Special Screening for Malignant Neoplasms, Prostate). For further guidance, contact your Medicare Contractor.

REFLEX TESTING (as of March 2009)

Reflex testing occurs when the initial test results are positive or outside normal parameters and indicate that a second related test is medically appropriate. The list of initial tests, reflex testing criteria and the corresponding reflex tests are determined by the medical directors of each Shands HealthCare laboratory. The reflex tests are approved by medical directors and, thus, are medically necessary to either confirm the initial test (e.g. confirm HIV with Western Blot) or provide more information (e.g. identify organism once culture is positive). All tests that may be followed by reflex tests are indicated on the test requisition form.

| Core Laboratory | | |
|--|--|----------------------------|
| Initial Test | Reflex Criteria | Reflex Test |
| HIV(including Rapid) | Positive | Western Blot |
| SPE/UPE | Suspicious "Bands of restricted mobility" | IFE |
| First time HbsAg | Positive | HBsAg Confirmatory Test |
| Urine Glucose Dipstick | Negative Age < 2 years | Reducing Substances |
| UACS (Urinalysis w/C & S for Vista Rehab only) | Clarity (Not Clear) Hgb = Positive Nitrite = Positive Leukocyte Esterase = Positive | Urine Culture |
| Sickle Cell Screen | Positive | Hemoglobin electrophoresis |

| Microbiology | | |
|---------------------------|------------------------|---|
| Initial Test | Reflex Criteria | Reflex Test |
| Bacterial culture | Positive | Identification of pathogens; susceptibility if applicable |
| Fungal culture | Positive | Identification of yeast and fungi; susceptibility on yeast isolates if applicable |
| AFB Culture | Positive | Identification of Mycobacteria; susceptibility if applicable |
| Rapid GRP A Strep Antigen | Negative | Beta Strep Screen culture |

| Virology | | |
|--|---------------------------------------|------------------------|
| Initial Test | Reflex Criteria | Reflex Test |
| Viral culture | Positive | Identification |
| ANAB-battery Note: Reflex does not apply to ANAT-test order | 1:40-1:80 Positive > 1:80 Positive | nDNA nDNA and SMRNP |
| ANCA | Positive | MPO or PR3 |
| ASMA | If > 1:10 | Titer |

| | | |
|-----------------------------|-----------|--|
| nDNA– Anti native DNA | If > 1:10 | Titer |
| AMA – Anti mitochondrial ab | If > 1:10 | Titer |
| ASO | Positive | Titer |
| RPR | Positive | Titer and TPPA (if TPPA not previously positive) |

Cytology

| Initial Test | Reflex Criteria | Reflex Test |
|---------------------|------------------------|--------------------|
| Pap Smear | ASCUS positive | HPV |

Blood Bank

| Initial Test | Reflex Criteria | Reflex Test |
|--|--|---|
| ABO/Rh | Discrepancy | ABO/Rh Resolution |
| Type & Screen Only Type & Screen with units | Positive Antibody Screen | Any or all of the Following: Antibody Identification Panel Neutralization Enzyme Treatment PreWarm Antibody Panel Selected Cell Antibody Panel Rare Cell Antibody Panel Differential (Triple) Adsorption Autologous Adsorption Chloroquine Treatment Patent specific Antigen Phenotyping |
| Additional Packed Cell Units | New sample | Type & Screen |
| Direct Antiglobulin Test (DAT) | Positive | Any or all of the following: Differential DAT Elution Antibody Identification Panel Antibody Absorption (Warm and/or Differential) |
| Rhlg Work Up | Rh neg mother with Rh pos or Rh unknown baby | Fetal/Maternal Bleed Screen |
| Any specimen | Any test | ABO/Rh as internal specimen verification |

For send out reflex testing information please contact the SUF Laboratory Customer Service at (352) 265-0522.