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# Shands

Medical Laboratories

## Medical Necessity Reference Guide

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## **TABLE OF CONTENTS**

Notice to Physicians.....	4
Medical Necessity.....	6
Annual Distribution of Review Policies.....	6
National vs Local Coverage Determination.....	6
Laboratory Order Form.....	7
List of Shands Medical Laboratory Tests Requiring Medical Necessity Check... 8	8
<b><u>NCDs</u></b>	
Alpha-fetoprotein.....	9
Blood Counts.....	11
Carcinoembryonic Antigen.....	13
Collagen Crosslinks.....	15
Culture, Bacterial, Urine.....	16
Digoxin Therapeutic Drug Assay.....	19
Fecal Occult Blood.....	22
Gamma Glutamyl Transferase.....	27
Glucose, Blood.....	32
Glycated Hemoglobin/Glycated Protein.....	36
Hepatitis Panel/Acute Hepatitis Panel.....	38
Human Chorionic Gonadotropin.....	39
Human Immunodeficiency Virus Testing (Diagnosis).....	41
Human Immunodeficiency Virus Testing (Prognosis Including Monitoring)....	46
Iron Studies, Serum.....	47
Lipid Testing.....	54
Partial Thromboplastin Time.....	58
Prostate Specific Antigen.....	65
Prothrombin Time.....	66
Thyroid Testing.....	76
Tumor Antigen By Immunoassay - CA 125.....	81
Tumor Antigen by Immunoassay CA 15-3/CA 27.29.....	82
Tumor Antigen by Immunoassay CA 19-9.....	83
<b><u>LCDs</u></b>	
B-Type Natriuretic Peptide (BNP).....	84
Calcium, Ionized.....	86
Calcium, Total.....	88
Creatine Kinase, (CK), (CPK).....	91
Drug Testing.....	92
Gene Expression Profiling.....	94
Hepatitis B Surface Antibody.....	95
Hepatitis C Antibody.....	98
Magnesium.....	99
Parathormone (Parathyroid Hormone).....	103
Phosphorus, Serum.....	105
Sedimentation Rate, Erythrocyte.....	108

Syphilis Test.....	110
Troponin.....	113
Urinalysis.....	114
<b><u>Screenings</u></b>	
NCD-Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer.....	115
Prostrate Cancer Screening Tests.....	117
Reflex Testing .....	120

# Notice to Physicians

To: Physician Offices and Clinics  
From: Kenneth Rand, M.D., Clinical Laboratories Medical Director  
Kathy Gordon, MBA, Laboratory Director  
Date: 3/29/10

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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:

- Signs, Symptoms, Diagnosis or ICD9 codes that relate directly to the reason the test(s) are being ordered.
- 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.
- Insurance and/or Medicare Information.
- Attending name, ID number, and address along with a legible ordering physician signature are required.
- PAs, ARNPs, and Residents can order without the Attending signature, however the Attending Physician's name and number are required and must be legible.
- If the sample was draw by someone other than Lab Staff, the specimen collection information, date and time should be indicated.

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](http://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 4<sup>th</sup> and 5<sup>th</sup> 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 Irwin at 265-0680 ext. 29629, or 256-9324

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. Larry J. Fowler at 265-0680 ext. 4-4959

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 CareMedic/Omega and Code Correct, but you can also use the following websites, Centers for Medicare and Medicaid Services, [www.cms.hhs.gov](http://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](http://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. Attending practitioner's name and physician number
4. Legible Ordering Physician's Signature, physician number, address, fax number, and phone number
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.)

Page	CPT	Name	Alternate Names
Pg 9	82105	Alpha-fetoprotein (AFP)	AFP
76	83880	BNP (*NT Pro-BNP)	PROBNP
78	82330	Calcium, Ionized	
79	82310	Calcium, Total	CA
16	82378	CEA—Carcinoembryonic Antigen	CEA
73	86304	CA 125	CANCER ANTIGEN 125
74	86300	CA 15-3	CANCER ANTIGEN 15-3
74	86300	CA 27.29	CANCER ANTIGEN 27.29
75	86301	CA 19-9	CANCER ANTIGEN 19-9
11	85027	CBC	H&H
11	85025	CBC w/ diff	CBC w/PERIPHERAL SMEAR
49	82465	Cholesterol	
Addendum	86316	Chromogranin A	
18	82523	Collagen Crosslinks	N-TELEPEPTIDE
21	80162	Digoxin	LANOXIN
22	93005	EKG	ECG
23	82272	Fecal Occult Blood Test (FOBT)	GUIAC, HEMOCCULT, OCCULT BLOOD CARD
44	82728	Ferritin	
27	82977	Gamma Glutamyl Transferase (GGT)	GGT
31	82947	Any Glucose (blood) Testing	GLUCOSE or GLUCOSE TOLERANCE TEST
49	83718	HDL Cholesterol	HDL
35	83036	Hemoglobin A1C	A1C, HGB A1C
84	86706, 87340	Hep B Surface AB+AG	HBSAB+AG
84	86706	Hep B Surface AB	HBSAB
84	87340	Hep B Surface Ag	HBSAG
37	80074	Acute Hepatitis Panel—not Hepatic Panel	
84	86706, 87340	Chronic Hepatitis Panel—not Hepatic Panel (incl. Hep B Surface Ab and Ag)	
38	84702	HCG—Human Chorionic Gonadotropin	PREGNANCY TEST
39	86703	HIV Ab 1 & 2 single assay	HIV12, HIV
39	87535	HIV DNA by PCR	
42	87536	HIV – 1 RNA PCR Quantification	
39	86701	HIV SUDS	SUDS
Addendum	83090	Homocysteine- <b>ALWAYS requires ABN</b>	
44	83540	Iron	FE
44	83540, 84466	Iron TIBC, %Sat—Iron Binding Capacity	FETIBC, TIBC
49	80061	Lipid Panel	CHOLESTEROL PANEL
88	83735	Magnesium	MG
84, 97	87340, 85025, 86592	Obstetric Panel (incl. RPR, CBC w/ diff and Hep B Surface Ag)	
91	83970	Parathyroid Hormone (PTH)	PTH, PTH INTACT
53	85730	Partial Thromboplastin Time (PTT)	PTT, APTT
92	84100	Phosphorus, Serum	PHOS
Addendum	84134	Prealbumin- <b>ALWAYS requires ABN</b>	
59	84153	Prostate Specific Antigen (PSA), Total (Diagnostic or free—not screening)	PSA
60	85610	Prothrombin Time (PT)	PT/INR, PT with INR, INR
97	86592	RPR	VDRL
95	85652	Sed Rate, auto	ESR, SEDIMENTATION RATE
68	84479	T3 Uptake	T3 UP, T3U
68	84439	T4 Free	FREET4, T4F
68	84436	T4—Thyroxine	T4
97	86780	TPPA	TREPONEMA PALLIDUM ANTIBODIES, H.A.T.T.S.
44	84466	Transferrin	TRF
49	84478	Triglyceride	
99	84484	Troponin T	TROP T
68	84443	TSH	TSH, THYROID STIMULATION HORMONE
19	87086 and 87088	Urine Culture	URINE C&S

## NCD for Alpha-Fetoprotein (190.25)

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**Implementation Date** 10/05/2009

**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
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
209.70-209.75	SECONDARY NEUROENDOCRINE TUMOR; UNSPECIFIED SITE
209.79	SECONDARY NEUROENDOCRINE TUMOR; OTHER SITES
211.5	BENIGN NEOPLASM OF LIVER AND BILIARY PASSAGES
235.3	NEOPLASM OF UNCERTAIN BEHAVIOR 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
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-]

## NCD for Blood Counts (190.15)

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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 Denied**

**This section lists codes that are never covered. If a code from this section is given as the reason for the test, the test may be billed to the Medicare beneficiary without billing Medicare first because the service is not covered by statute, in most instances because it is performed for screening purposes and is not within an exception. The beneficiary, however, does have a right to have the claim submitted to Medicare, upon request.**

525.71	Osseointegration failure of dental implant
525.72	Post-osseointegration biological failure of dental implant
525.73	Post-osseointegration mechanical failure of dental implant
798.0 - 798.9	SUDDEN INFANT DEATH SYNDROME
V15.85	PERSONAL HISTORY OF EXPOSURE TO POTENTIALLY HAZARDOUS BODY FLUIDS
V16.1	FAMILY HISTORY OF MALIGNANT NEOPLASM OF TRACHEA BRONCHUS AND LUNG
V16.2	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER RESPIRATORY AND INTRATHORACIC ORGANS
V16.40	FAMILY HISTORY OF MALIGNANT NEOPLASM OF GENITAL ORGAN UNSPECIFIED
V16.51 - V16.59	FAMILY HISTORY OF MALIGNANT NEOPLASM OF KIDNEY
V16.6	FAMILY HISTORY OF LEUKEMIA
V16.7	FAMILY HISTORY OF OTHER LYMPHATIC AND HEMATOPOIETIC NEOPLASMS
V16.8	FAMILY HISTORY OF OTHER SPECIFIED MALIGNANT NEOPLASM
V16.9	FAMILY HISTORY OF UNSPECIFIED MALIGNANT NEOPLASM
V16.52	Family history of malignant neoplasm; urinary organs; bladder
V17.0 - V17.89	FAMILY HISTORY OF PSYCHIATRIC CONDITION
V18.0 - V18.9	FAMILY HISTORY OF DIABETES MELLITUS
V19.0 - V19.8	FAMILY HISTORY OF BLINDNESS OR VISUAL LOSS
V20.0 - V20.2	HEALTH SUPERVISION OF FOUNDLING
V20.31 - V20.32	HEALTH SUPERVISION OF INFANT OR CHILD; HEALTH SUPERVISION FOR NEWBORN UNDER 8 DAYS OLD
V28.0 - V28.9	ANTENATAL SCREENING FOR CHROMOSOMAL ANOMALIES BY AMNIOCENTESIS

V50.0 - V50.9	ELECTIVE HAIR TRANSPLANT FOR PURPOSES OTHER THAN REMEDYING HEALTH STATES
V53.2	FITTING AND ADJUSTMENT OF HEARING AID
V60.0 - V60.9	LACK OF HOUSING
V62.0	UNEMPLOYMENT
V62.1	ADVERSE EFFECTS OF WORK ENVIRONMENT
V65.0	HEALTHY PERSON ACCOMPANYING SICK PERSON
V65.11	PEDIATRIC PREBIRTH VISIT FOR EXPECTANT MOTHER
V65.19	OTHER PERSON CONSULTING ON BEHALF OF ANOTHER PERSON
V68.01 - V68.9	ISSUE OF MEDICAL CERTIFICATES
V70.0 - V70.9	ROUTINE GENERAL MEDICAL EXAMINATION AT A HEALTH CARE FACILITY
V73.0 - V73.99	SCREENING EXAMINATION FOR POLIOMYELITIS
V74.0 - V74.9	SCREENING EXAMINATION FOR CHOLERA
V75.0 - V75.9	SCREENING EXAMINATION FOR RICKETTSIAL DISEASES
V76.0	SPECIAL SCREENING FOR MALIGNANT NEOPLASMS OF THE RESPIRATORY ORGANS
V76.3	SCREENING FOR MALIGNANT NEOPLASMS OF THE BLADDER
V76.42	SPECIAL SCREENING FOR MALIGNANT NEOPLASMS; OTHER SITES; ORAL CAVITY
V76.43	SPECIAL SCREENING FOR MALIGNANT NEOPLASMS; OTHER SITES; SKIN
V76.45- V76.9	SPECIAL SCREENING FOR MALIGNANT NEOPLASMS; OTHER SITES ; TESTIS
V77.0	SPECIAL SCREENING FOR ENDOCRINE, NUTRITION, METABOLIC, AND IMMUNITY DISORDERS
V77.2 – V77.99	SPECIAL SCREENING FOR ENDOCRINE, NUTRITION, METABOLIC, AND IMMUNITY DISORDERS
V78.0 - V78.9	SCREENING FOR IRON DEFICIENCY ANEMIA
V79.0 - V79.9	SCREENING FOR DEPRESSION
V80.0 - V80.3	SCREENING FOR NEUROLOGICAL CONDITIONS
V81.3 - V81.6	SPECIAL SCREENING FOR CARDIOVASCULAR, RESPIRATORY, AND GENITOURINARY DISEASES
V82.0 - V82.9	SCREENING

## NCD for Carcinoembryonic Antigen (190.26)

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**Manual Section Number** 190.26

**Effective Date of this Version** 10/01/2009

**Implementation Date** 10/05/2009

### 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
209.70- 209.75 209.79	SECONDARY NEUROENDOCRINE TUMOR; UNSPECIFIED SITE
	SECONDARY NEUROENDOCRINE TUMOR; OTHER SITES
230.3	CARCINOMA IN SITU OF COLON
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]
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

## NCD for Collagen Crosslinks, Any Method (190.19)

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### CPT/HCPCS Codes

82523           COLLAGEN CROSS LINKS, ANY METHOD

### ICD-9 Codes Covered

242.00 -           TOXIC DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM  
242.91  
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 -           OSTEOPOROSIS UNSPECIFIED  
733.09  
733.10 -           PATHOLOGICAL FRACTURE UNSPECIFIED SITE  
733.19  
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

## NCD for Culture, Bacterial, Urine (190.12)

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### CPT/HCPCS Codes

87086	CULTURE, BACTERIAL; QUANTITATIVE COLONY COUNT, URINE
87088	CULTURE, BACTERIAL; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF EACH ISOLATES, URINE
87184 <b>Listed in Manual Only</b>	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; DISK METHOD, PER PLATE (12 OR FEWER AGENTS)
87186 <b>Listed in Manual Only</b>	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AGAR DILUTION (MINIMUM INHIBITORY CONCENTRATION (MIC) OR BREAKPOINT), EACH MULTI-ANTIMICROBIAL, PER PLATE

### ICD-9 Codes Covered

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	DEFIBRATION 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
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
670.10	PUERPERAL EMDOMETRITIS; UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
670.12	PUERPERAL EMDOMETRITIS; DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION
670.14	PUERPERAL EMDOMETRITIS; POSTPARTUM CONDITION OR COMPLICATION
670.20	PUERPERAL SEPSIS; UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
670.22	PUERPERAL SEPSIS; DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION
670.24	PUERPERAL SEPSIS; POSTPARTUM CONDITION OR COMPLICATION
670.30	PUERPERAL SEPTIC THROMBOPHLEBITIS; UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
670.32	PUERPERAL SEPTIC THROMBOPHLEBITIS; DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION
670.34	PUERPERAL SEPTIC THROMBOPHLEBITIS; POSTPARTUM CONDITION OR COMPLICATION
670.80	OTHER MAJOR PUERPERAL INFECTION; UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
670.82	OTHER MAJOR PUERPERAL INFECTION; DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION
670.84	OTHER MAJOR PUERPERAL INFECTION; POSTPARTUM CONDITION OR COMPLICATION
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	POSTVACCINATION 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
789.7	COLIC
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

## NCD for Digoxin Therapeutic Drug Assay (190.24)

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### CPT/HCPCS Codes

80162

DIGOXIN

### ICD-9 Codes Covered

242.00 - TOXIC DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM  
242.91  
243 CONGENITAL HYPOTHYROIDISM  
244.0 - POSTSURGICAL HYPOTHYROIDISM  
244.9  
245.0 - ACUTE THYROIDITIS  
245.9  
275.2 DISORDERS OF MAGNESIUM METABOLISM  
275.40 - UNSPECIFIED DISORDER OF CALCIUM METABOLISM  
275.49  
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- VOLUME DEPLETION  
276.52  
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 - MALIGNANT HYPERTENSIVE RENAL DISEASE WITHOUT RENAL FAILURE  
403.91  
404.00 - MALIGNANT HYPERTENSIVE HEART AND RENAL DISEASE WITHOUT HEART FAILURE OR RENAL  
404.93 FAILURE  
410.00 - ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE UNSPECIFIED  
410.92  
411.0 - POSTMYOCARDIAL INFARCTION SYNDROME

411.89

413.0 - ANGINA DECUBITUS  
413.9

422.0 - ACUTE MYOCARDITIS IN DISEASES CLASSIFIED ELSEWHERE  
422.99

425.0 - ENDOMYOCARDIAL FIBROSIS  
425.9

426.0 - ATRIOVENTRICULAR BLOCK COMPLETE  
426.9

427.0 - PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA  
427.9

428.0 - CONGESTIVE HEART FAILURE UNSPECIFIED  
428.9

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 - ACUTE RENAL FAILURE WITH LESION OF TUBULAR NECROSIS  
584.9

585.1- CHRONIC KIDNEY DISEASE  
585.9

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 - CHRONIC FATIGUE SYNDROME  
780.79

783.0 ANOREXIA

784.0 HEADACHE

787.01 - NAUSEA WITH VOMITING  
787.03

787.04 BILIOUS EMESIS

787.91 DIARRHEA

794.31 NONSPECIFIC ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)

799.21- NERVOUSNESS  
799.25

799.29 OTHER SIGNS AND SYMPTOMS INVOLVING EMOTIONAL STATE

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

- 995.24 CERTAIN ADVERSE EFFECTS NOT ELSEWHERE CLASSIFIED; OTHER AND UNSPECIFIED  
ADVERSE EFFECT OF DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE (DUE) TO CORRECT  
MEDICINAL SUBSTANCE PROPERLY
- 995.27 ADMINISTERED; FAILED MODERATE SEDATION DURING PROCEDURE  
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

## NCD for Fecal Occult Blood (190.34)

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### CPT/HCPCS Codes

BLOOD, OCCULT BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE, FECES, 1-3  
82272 SIMULTANEOUS DETERMINATIONS, PERFORMED FOR OTHER THAN COLORECTAL NEOPLASM  
SCREENING

### ICD-9 Codes Covered

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 - 204.92	LYMPHOID LEUKEMIA ACUTE WITHOUT REMISSION
205.00 - 208.92	MYELOID LEUKEMIA ACUTE WITHOUT REMISSION
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
209.40	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
209.70-209.75	SECONDARY NEUROENDOCRINE TUMOR; UNSPECIFIED SITE
209.79	SECONDARY NEUROENDOCRINE TUMOR; OTHER SITES
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
535.70	Eosinophilic gastritis; without mention of hemorrhage
535.71	Eosinophilic gastritis; with hemorrhage
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)
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)
569.87	VOMITING OF FECAL MATTER
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 QUADRIPLEGIA
780.79	OTHER MALAISE AND FATIGUE
783.0	ANOREXIA
783.21	LOSS OF WEIGHT
787.01 - 787.03	NAUSEA WITH VOMITING
787.04	BILIOUS EMESIS
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
789.7	COLIC
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 - 864.19	HEMATOMA AND CONTUSION OF LIVER WITH OPEN WOUND INTO CAVITY

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
995.24	CERTAIN ADVERSE EFFECTS NOT ELSEWHERE CLASSIFIED; OTHER AND UNSPECIFIED ADVERSE OF DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE (DUE) TO CORRECT MEDICINAL SUBSTANCE PROPERLY ADMINISTERED; FAILED MODERATE SEDATION DURING PROCEDURE
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

**NCD for Gamma Glutamyl Transferase (190.32)****Publication Number** 100-03**Manual Section Number** 190.32**Effective Date of this Version** 10/01/2009**Implementation Date** 10/05/2009**CPT/HCPCS Codes**

82977 GLUTAMYLTRANSFERASE, GAMMA (GGT)

**ICD-9 Codes Covered**

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
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 - 208.92	RETICULOSARCOMA UNSPECIFIED SITE
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
209.70-209.75	SECONDARY NEUROENDOCRINE TUMOR; UNSPECIFIED SITE
209.79	SECONDARY NEUROENDOCRINE TUMOR; OTHER SITES
211.5	BENIGN NEOPLASM OF LIVER AND BILIARY PASSAGES
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
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	DEFIBRATION 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
569.87	VOMITING OF FECAL MATTER

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
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

## NCD for Blood Glucose Testing (190.20)

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### CPT/HCPCS Codes

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

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
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
414.3	Coronary atherosclerosis due to lipid rich plaque
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
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
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
<b>V77.1 Covered for procedure code 82947 ONLY</b>	<b>SPECIAL SCREENING FOR ENDOCRINE, NUTRITION, METABOLIC, AND IMMUNITY DISORDERS</b>

## NCD for Glycated Hemoglobin/Glycated Protein (190.21)

**Publication Number** 100-03

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**Effective Date of this Version** 10/01/2009

**Implementation Date** 10/05/2009

### CPT/HCPCS Codes

82985 GLYCATED PROTEIN  
83036 HEMOGLOBIN; GLYCATED

### ICD-9 Codes Covered

211.7 BENIGN NEOPLASM OF ISLETS OF LANGERHANS  
249.00 – SECONDARY DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, NOT STATED AS  
249.01 UNCONTROLLED, OR UNSPECIFIED  
249.10 – SECONDARY DIABETES MELLITUS WITH KETOACIDOSIS, NOT STATED AS UNUNCONTROLLED,  
249.11 OR UNSPECIFIED  
249.20 – SECONDARY DIABETES MELLITUS WITH HYPEROSMOLARITY, NOT STATED AS  
249.21 UNCONTROLLED, OR UNSPECIFIED  
249.30 – SECONDARY DIABETES MELLITUS WITH OTHER COMA, NOT STATED AS UNCONTROLLED, OR  
249.31 UNSPECIFIED  
249.40 – SECONDARY DIABETES MELLITUS WITH RENAL MANIFESTATIONS, NOT STATED AS  
249.41 UNCONTROLLED, OR UNSPECIFIED  
249.50 – SECONDARY DIABETES MELLITUS WITH OPHTHALMIC MANIFESTATIONS, NOT STATED AS  
249.51 UNCONTROLLED, OR UNSPECIFIED  
249.60 – SECONDARY DIABETES MELLITUS WITH NEUROLOGICAL, MANIFESTATIONS, NOT STATED AS  
249.61 UNCONTROLLED, OR UNSPECIFIED  
249.70 – SECONDARY DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY DISORDERS, NOT  
249.71 STATED AS UNCONTROLLED, OR UNSPECIFIED  
249.80 – SECONDARY DIABETES MELLITUS WITH OTHER SPECIFIED MANIFESTATIONS, NOT STATED  
249.81 AS UNCONTROLLED, OR UNSPECIFIED  
249.90 – SECONDARY DIABETES MELLITUS WITH UNSPECIFIED COMPLICATION, NOT STATED AS  
249.91 UNCONTROLLED, OR UNSPECIFIED  
250.00 - DIABETES MELLITUS WITHOUT COMPLICATION TYPE II OR UNSPECIFIED TYPE NOT STATED  
250.93 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 - POLYGLANDULAR ACTIVITY IN MULTIPLE ENDOCRINE ADENOMATOSIS  
258.9  
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

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

**NCD for Hepatitis Panel/Acute Hepatitis Panel (190.33)****Publication Number** 100-03**Manual Section Number** 190.33**Effective Date of this Version** 10/01/2009**Implementation Date** 10/05/2009**CPT/HCPCS Codes**

80074 ACUTE HEPATITIS PANEL

**ICD-9 Codes Covered**

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
780.3	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
787.04	BILIOUS EMESIS
789.00 - 789.09	ABDOMINAL PAIN UNSPECIFIED SITE
789.1	HEPATOMEGALY
789.61	ABDOMINAL TENDERNESS RIGHT UPPER QUADRANT
789.7	COLIC
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

## NCD for Human Chorionic Gonadotropin (190.27)

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### CPT/HCPCS Codes

84702 GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE

### ICD-9 Codes Covered

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 - SPONTANEOUS ABORTION UNSPECIFIED COMPLICATED BY GENITAL TRACT AND PELVIC  
634.02 INFECTION  
640.00 - THREATENED ABORTION UNSPECIFIED AS TO EPISODE OF CARE  
640.03  
642.30 - TRANSIENT HYPERTENSION OF PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE  
642.34  
642.40 - MILD OR UNSPECIFIED PRE-ECLAMPSIA UNSPECIFIED AS TO EPISODE OF CARE  
642.74  
642.90 - UNSPECIFIED HYPERTENSION COMPLICATING PREGNANCY CHILDBIRTH OR THE  
642.94 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

## NCD for Human Immunodeficiency Virus Testing (Diagnosis) (190.14)

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### CPT/HCPCS Codes

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

003.1 SALMONELLA SEPTICEMIA

007.2 COCCIDIOSIS

007.4 CRYPTOSPORIDIOSIS

007.8 OTHER SPECIFIED PROTOZOAL INTESTINAL DISEASES

010.00 - PRIMARY TUBERCULOUS COMPLEX UNSPECIFIED EXAMINATION  
010.96

011.00 - TUBERCULOSIS OF LUNG INFILTRATIVE CONFIRMATION UNSPECIFIED  
011.96

012.00 - TUBERCULOUS PLEURISY CONFIRMATION UNSPECIFIED  
012.86

013.00 - TUBERCULOUS MENINGITIS UNSPECIFIED EXAMINATION  
013.96

014.00 - TUBERCULOUS PERITONITIS UNSPECIFIED EXAMINATION  
014.86

015.00 - TUBERCULOSIS OF VERTEBRAL COLUMN UNSPECIFIED EXAMINATION  
015.96

016.00 - TUBERCULOSIS OF KIDNEY UNSPECIFIED EXAMINATION  
016.96

017.00 - TUBERCULOSIS OF SKIN AND SUBCUTANEOUS CELLULAR TISSUE UNSPECIFIED  
017.96 EXAMINATION

018.00 - ACUTE MILIARY TUBERCULOSIS UNSPECIFIED EXAMINATION  
018.96

027.0 LISTERIOSIS

031.0 - PULMONARY DISEASES DUE TO OTHER MYCOBACTERIA  
031.9

038.2 PNEUMOCOCCAL SEPTICEMIA

038.43 SEPTICEMIA DUE TO PSEUDOMONAS

039.0 - CUTANEOUS ACTINOMYCOTIC INFECTION  
039.9

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

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 LYMPHOTROPHIC VIRUS TYPE I [HTLV-I]

079.52 HUMAN T-CELL LYMPHOTROPHIC 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 - ANEURYSM OF AORTA SPECIFIED AS SYPHILITIC  
093.9

094.0 - TABES DORSALIS  
094.9

095.0 - SYPHILITIC EPISCLERITIS  
095.9

096 LATE SYPHILIS LATENT

097.0 - LATE SYPHILIS UNSPECIFIED  
097.9

098.0 - GONOCOCCAL INFECTION (ACUTE) OF LOWER GENITOURINARY TRACT  
098.89

099.0 CHANCROID

099.1 LYMPHOGRANULOMA VENEREUM

099.2 GRANULOMA INGUINALE

099.3 REITER'S DISEASE

099.40 - OTHER NONGONOCOCCAL URETHRITIS UNSPECIFIED  
099.49

099.50 - OTHER VENEREAL DISEASES DUE TO CHLAMYDIA TRACHOMATIS UNSPECIFIED SITE  
099.59

099.8 OTHER SPECIFIED VENEREAL DISEASES

099.9 VENEREAL DISEASE UNSPECIFIED

110.1 DERMATOPHYTOSIS OF NAIL

111.0 PITYRIASIS VERSICOLOR

112.0 - CANDIDIASIS OF MOUTH  
112.9

114.0 - PRIMARY COCCIDIOIDOMYCOSIS (PULMONARY)  
114.9

115.00 - INFECTION BY HISTOPLASMA CAPSULATUM WITHOUT MANIFESTATION  
115.99

116.0 - BLASTOMYCOSIS  
116.2

117.3 ASPERGILLOSIS

117.5 CRYPTOCOCCOSIS

118 OPPORTUNISTIC MYCOSES

127.2 STRONGYLOIDIASIS

130.0 - MENINGOENCEPHALITIS DUE TO TOXOPLASMOSIS  
130.9

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 - KAPOSII'S SARCOMA SKIN  
176.9

180.0 - MALIGNANT NEOPLASM OF ENDOCERVIX  
180.9

200.20 - BURKITT'S TUMOR OR LYMPHOMA UNSPECIFIED SITE  
200.28

200.80 - OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA UNSPECIFIED  
200.88 SITE

201.00 - HODGKIN'S PARAGRANULOMA UNSPECIFIED SITE  
201.98

263.0 MALNUTRITION OF MODERATE DEGREE

263.1 MALNUTRITION OF MILD DEGREE

263.9 UNSPECIFIED PROTEIN-CALORIE MALNUTRITION  
 280.0 - IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)  
 280.9  
 285.9 ANEMIA UNSPECIFIED  
 287.30- PRIMARY THROMBOCYTOPENIA  
 287.39  
 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 - CARPAL TUNNEL SYNDROME  
 354.9  
 356.8 OTHER SPECIFIED IDIOPATHIC PERIPHERAL NEUROPATHY  
 363.20 CHORIORETINITIS UNSPECIFIED  
 425.4 OTHER PRIMARY CARDIOMYOPATHIES  
 473.0 - CHRONIC MAXILLARY SINUSITIS  
 473.9  
 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 - OTHER VIRAL DISEASES OF MOTHER COMPLICATING PREGNANCY CHILDBIRTH OR THE  
 647.64 PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE  
 682.0 - CELLULITIS AND ABSCESS OF FACE  
 682.9  
 690.10 - SEBORRHEIC DERMATITIS UNSPECIFIED  
 690.18  
 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 - ACNE VARIOLIFORMIS  
 706.9  
 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

## **NCD for Human Immunodeficiency Virus Testing (Prognosis Including Monitoring) (190.13)**

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### **CPT/HCPCS Codes**

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**

042 HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE

079.53 HUMAN IMMUNODEFICIENCY VIRUS TYPE 2 [HIV-2]

647.60 - OTHER VIRAL DISEASES OF MOTHER COMPLICATING PREGNANCY CHILDBIRTH OR THE  
647.64 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

## NCD for Serum Iron Studies (190.18)

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### CPT/HCPCS Codes

82728	FERRITIN
83540	IRON
83550	IRON BINDING CAPACITY
84466	TRANSFERRIN

### ICD-9 Codes Covered

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 – 200.28	LYMPHOSARCOMA AND RETICULOSARCOMA; BURKITT'S TUMOR OR LYMPHOMA
200.30-200.38	MARGINAL ZONE LYMPHOMA
200.40-200.48	MANTLE CELL LYMPHOMA
200.50-200.58	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA
200.60-200.68	ANAPLASTIC LARGE CELL LYMPHOMA
200.70-200.78	LARGE CELL LYMPHOMA
200.80-200.88	MALIGNANT TUMORS OF LYMPHATIC TISSUE; OTHER NAMED VARIANTS
202.00-202.68	OTHER MALIGNANT NEOPLASMS OF LYMPHOID AND HISTOCYTIC TISSUE

202.70-202.78	PERIPHERAL T-CELL LYMPHOMA
202.80-202.98	OTHER LYMPHOMAS; OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTOCYTIC TISSUE
203.00-203.01	MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION AND IN REMISSION
203.02	MULTIPLE MYELOMA, IN RELAPSE
203.10-203.11	PLASMA CELL LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION AND IN REMISSION
203.12	PLASMA CELL LEUKEMIA, IN RELAPSE
203.80-203.81	OTHER IMMUNOPROLIFERATIVE NEOPLASMS, WITHOUT MENTION OF HAVING ACHIEVED REMISSION AND IN REMISSION
203.82	OTHER IMMUNOPROLIFERATIVE NEOPLASMS, IN RELAPSE
204.00-204.01	ACUTE LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION AND IN REMISSION
204.02	ACUTE LYMPHOID LEUKEMIA, IN RELAPSE
204.10-204.11	CHRONIC LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION AND IN REMISSION
204.12	CHRONIC LYMPHOID LEUKEMIA, IN RELAPSE
204.20-204.21	SUBACUTE LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION AND IN REMISSION
204.22	SUBACUTE LYMPHOID LEUKEMIA, IN RELAPSE
204.80-204.81	OTHER LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION AND IN REMISSION
204.82	OTHER LYMPHOID LEUKEMIA, IN RELAPSE
204.90-204.91	UNSPECIFIED LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION, AND IN REMISSION
204.92	UNSPECIFIED LYMPHOID LEUKEMIA, IN RELAPSE
205.00-205.01	ACUTE MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION AND IN REMISSION
205.02	ACUTE MYELOID LEUKEMIA, IN RELAPSE
205.10-205.11	CHRONIC MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION AND IN REMISSION
205.12	CHRONIC MYELOID LEUKEMIA, IN RELAPSE
205.20-205.21	SUBACUTE MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION AND IN REMISSION
205.22	CHRONIC MYELOID LEUKEMIA, IN RELAPSE
205.30-205.31	MYELOID SARCOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION AND IN REMISSION
205.32	MYELOID SARCOMA, IN RELAPSE
205.80-205.81	OTHER MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION AND IN REMISSION
205.82	OTHER MYELOID LEUKEMIA, IN RELAPSE
205.90-205.91	UNSPECIFIED MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION AND IN REMISSION
205.92	UNSPECIFIED MYELOID LEUKEMIA, IN RELAPSE
206.00-206.01	ACUTE MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION AND IN REMISSION
206.02	ACUTE MONOCYTIC LEUKEMIA, IN RELAPSE
206.10-206.11	CHRONIC MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION AND IN REMISSION
206.12	CHRONIC MONOCYTIC LEUKEMIA, IN RELAPSE
206.20-206.21	SUBACUTE MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION AND IN REMISSION
206.22	SUBACUTE MONOCYTIC LEUKEMIA, IN RELAPSE
206.80-206.81	OTHER MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION AND IN REMISSION

206.82	OTHER MONOCYTIC LEUKEMIA, IN RELAPSE
206.90-206.91	UNSPECIFIED MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISION AND IN REMISSION
206.92	UNSPECIFIED MONOCYTIC LEUKEMIA, IN RELAPSE
207.00-207.01	ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISION AND IN REMISSION
207.02	ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA, IN RELAPSE
207.10-207.11	CHRONIC ERYTHREMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISION AND IN REMISSION
207.12	CHRONIC ERYTHREMIA, IN RELAPSE
207.20-207.21	MEGAKARYOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISION AND IN REMISSION
207.22	MEGAKARYOCYTIC LEUKEMIA, IN RELAPSE
207.80-207.81	OTHER SPECIFIED LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISION AND IN REMISSION
207.82	OTHER SPECIFIED LEUKEMIA, IN RELAPSE
208.00-208.01	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISION AND IN REMISSION
208.02	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
208.10-208.11	CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISION AND IN REMISSION
208.12	CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
208.20-208.21	SUBACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISION AND IN REMISSION
208.22	SUBACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
208.80-208.81	OTHER LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISION AND IN REMISSION
208.82	OTHER LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
208.90-208.91	UNSPECIFIED LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISION AND IN REMISSION
208.92	UNSPECIFIED LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
209.00-209.03	MALIGNANT CARCINOID TUMORS OF THE SMALL INTESTINE
209.10-209.17	MALIGNANT CARCINOID TUMORS OF THE APPENDIX, LARGE INTESTINE AND RECTUM
209.20-209.27, 209.29	MALIGNANT CARCINOID TUMOR OF OTHER AND UNSPECIFIED SITES
209.30	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE CARCINOMA, ANY SITE
209.31	MERKEL CELL CARCINOMA OF THE FACE
209.32	MERKEL CELL CARCINOMA OF THE SCALP AND NECK
209.33	MERKEL CELL CARCINOMA OF THE UPPER LIMB
209.34	MERKEL CELL CARCINOMA OF THE LOWER LIMB
209.35	MERKEL CELL CARCINOMA OF THE TRUNK
209.36	MERKEL CELL CARCINOMA OF THE OTHER SITES
209.40-209.43	BENIGN CARCINOID TUMOR OF THE SMALL INTESTINE
209.50-209.57	BENIGN CARCINOID TUMOR OF THE APPENDIX, LARGE INTESTINE AND RECTUM
209.60-209.67, 209.69	BENIGN CARCINOID TUMOR OF OTHER AND UNSPECIFIED SITES
209.70	SECONDARY NEUROENDOCRINE TUMOR, UNSPECIFIED SITE
209.71	SECONDARY NEUROENDOCRINE TUMOR OF DISTANT LYMPH NODES
209.72	SECONDARY NEUROENDOCRINE TUMOR OF LIVER
209.73	SECONDARY NEUROENDOCRINE TUMOR OF BONE
209.74	SECONDARY NEUROENDOCRINE TUMOR PERITONEUM
209.75	SECONDARY MERKEL CELL CARCINOMA
209.79	SECONDARY NEUROENDOCRINE TUMOR OTHER SITES

210.0 - 229.9	BENIGN NEOPLAS M OF LIP
230.0 – 232.2	CARCINOMA IN SITU (VARIOUS)
233.30	CARCINOMA IN SITU, UNSPECIFIED FEMALE FENITAL ORGAN
233.31	CARCINOMA IN SITU, VAGINA
233.32	CARCINOMA IN SIUTE, VULVA
233.39	CARCINOMA IN SITU, OTHER FEMALE GENITAL ORGAN
233.4-234.9	CARCINOMA IN SITU (VARIOUS)
235.0-236.7, 236.90, 236.91, 236.99, 237.0-237.6, 237.70-237.72, 237.9- 238.6, 238.71-238.76	NEOPLASMS OF UNCERTAIN BEHAVIOR
238.77	POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER (PTLD)
238.79, 238.8, 238.9	NEOPLASMS OF UNCERTAIN BEHAVIOR
239.0-239.7	NEOPLASMS OF UNSPECIFIED NATURE
239.81	NEOPLASMS OF UNSPECIFIED NATURE, RETINA AND CHOROID
239.89	NEOPLASMS OF UNSPECIFIED NATURE, OTHER SPECIFIED SITES
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
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 DIENCEPHALOHYPOPHYSEAL 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
285.3	ANTINEOPLASTIC CHEMOTHERAPY INDUCED 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 - 426.81, 426.89, 426.9	CONDUCTION DISORDERS
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)
535.70	Eosinophilic gastritis; without mention of hemorrhage
535.71	Eosinophilic gastritis; with 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
569.87	VOMITTING OF FECAL MATTER
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
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

## NCD for Lipid Testing (190.23)

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### CPT/HCPCS Codes

80061 LIPID PANEL

82465 CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL

83700 LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPARATION AND QUANTITATION

LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEINS

83701 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

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
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
414.3	Coronary atherosclerosis due to lipid rich plaque
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
438.13-438.14	LATE EFFECTS OF CEREBROVASCULAR DISEASE; DYSARTHRIA
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
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
<b>V81.0-V81.2</b> Covered for procedure codes 80061, 82465, 83718 and 84478 <b>ONLY</b>	SPECIAL SCREENING FOR CARDIOVASCULAR, RESPIRATORY, AND GENITOURINARY DISEASES

## **NCD for Partial Thromboplastin Time (190.16)**

**Publication Number** 100-03

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### **CPT/HCPCS Codes**

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

### **ICD-9 Codes Covered**

002.0 - TYPHOID FEVER  
002.9  
003.0 - SALMONELLA GASTROENTERITIS  
003.9  
038.9 UNSPECIFIED SEPTICEMIA  
042 HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE  
060.0 - SYLVATIC YELLOW FEVER  
060.9  
065.0 - CRIMEAN HEMORRHAGIC FEVER (CHF CONGO VIRUS)  
065.9  
070.0 - VIRAL HEPATITIS A WITH HEPATIC COMA  
070.9  
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 - MALIGNANT NEOPLASM OF LIVER PRIMARY  
155.2  
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 LYMPHOPROLITERATIVE 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- SECONDARY DIABETES MELLITUS WITH RENAL MANIFESTATIONS, NOT STATED AS  
249.41 UNCONTROLLED, OR UNSPECIFIED  
250.40 - DIABETES MELLITUS WITH RENAL MANIFESTATIONS TYPE II OR UNSPECIFIED TYPE NOT  
250.43 STATED AS UNCONTROLLED  
269.0 DEFICIENCY OF VITAMIN K

273.0 - POLYCLONAL HYPERGAMMAGLOBULINEMIA  
 273.9  
 275.0 - DISORDERS OF IRON METABOLISM  
 275.9  
 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  
 286.0 CONGENITAL FACTOR VIII DISORDER  
 286.1 CONGENITAL FACTOR IX DISORDER  
 286.2 - CONGENITAL FACTOR XI DEFICIENCY  
 286.3  
 286.4 VON WILLEBRAND'S DISEASE  
 286.5 HEMORRHAGIC DISORDER DUE TO CIRCULATING ANTICOAGULANTS  
 286.6 DEFIBRINATION SYNDROME  
 286.7 ACQUIRED COAGULATION FACTOR DEFICIENCY  
 286.9 OTHER AND UNSPECIFIED COAGULATION DEFECTS  
 287.0 - ALLERGIC PURPURA  
 287.9  
 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 - RETINAL VASCULAR OCCLUSION UNSPECIFIED  
 362.37  
 362.43 HEMORRHAGIC DETACH OF RETINAL PIGMENT EPITHELIUM  
 362.81 RETINAL HEMORRHAGE  
 363.61 - CHOROIDAL HEMORRHAGE UNSPECIFIED  
 363.63  
 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 - ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE UNSPECIFIED  
 410.92  
 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 - SUBARACHNOID HEMORRHAGE  
 432.9

433.00 - OCCLUSION AND STENOSIS OF BASILAR ARTERY WITHOUT CEREBRAL INFARCTION  
 433.91  
 434.00 - CEREBRAL THROMBOSIS WITHOUT CEREBRAL INFARCTION  
 434.91  
 435.9 UNSPECIFIED TRANSIENT CEREBRAL ISCHEMIA  
 444.0 - EMBOLISM AND THROMBOSIS OF ABDOMINAL AORTA  
 444.9  
 446.6 THROMBOTIC MICROANGIOPATHY  
 447.2 RUPTURE OF ARTERY  
 448.0 HEREDITARY HEMORRHAGIC TELANGIECTASIA  
 451.0 - PHLEBITIS AND THROMBOPHLEBITIS OF SUPERFICIAL VESSELS OF LOWER EXTREMITIES  
 451.9  
 453.0 - BUDD-CHIARI SYNDROME  
 453.9  
 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  
 530.7 GASTROESOPHAGEAL LACERATION-HEMORRHAGE SYNDROME  
 530.82 ESOPHAGEAL HEMORRHAGE  
 531.00 - ACUTE GASTRIC ULCER WITH HEMORRHAGE WITHOUT OBSTRUCTION  
 535.61  
 535.70 Eosinophilic gastritis; without mention of hemorrhage  
 535.71 Eosinophilic gastritis; with hemorrhage  
 537.83 ANGIODYSPLASIA OF STOMACH AND DUODENUM WITH HEMORRHAGE  
 537.84 DIEULAFOY LESION (HEMORRHAGIC) OF STOMACH AND DUODENUM  
 556.0 - ULCERATIVE (CHRONIC) ENTEROCOLITIS  
 557.9  
 562.02 - DIVERTICULOSIS OF SMALL INTESTINE WITH HEMORRHAGE  
 562.03  
 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 - ALCOHOLIC FATTY LIVER  
 573.9  
 576.0 - POSTCHOLECYSTECTOMY SYNDROME  
 576.9  
 577.0 ACUTE PANCREATITIS  
 578.0 - HEMATEMESIS  
 578.9  
 579.0 - CELIAC DISEASE  
 579.9  
 581.0 - NEPHROTIC SYNDROME WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS  
 581.9  
 583.9 NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH UNSPECIFIED  
 PATHOLOGICAL LESION IN KIDNEY  
 584.5 - ACUTE RENAL FAILURE WITH LESION OF TUBULAR NECROSIS  
 584.9  
 585.4- CHRONIC KIDNEY DISEASE  
 585.9  
 586 RENAL FAILURE UNSPECIFIED  
 593.81 - VASCULAR DISORDERS OF KIDNEY  
 593.89  
 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 - SPONTANEOUS ABORTION UNSPECIFIED COMPLICATED BY GENITAL TRACT AND PELVIC  
 634.92 INFECTION  
 635.10 - LEGALLY INDUCED ABORTION UNSPECIFIED COMPLICATED BY DELAYED OR EXCESSIVE  
 635.12 HEMORRHAGE  
 636.10 - ILLEGAL ABORTION UNSPECIFIED COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE  
 636.12  
 637.10 - UNSPECIFIED TYPE OF ABORTION UNSPECIFIED COMPLICATED BY DELAYED OR EXCESSIVE  
 637.12 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 - THREATENED ABORTION UNSPECIFIED AS TO EPISODE OF CARE  
 640.93  
 641.00 - PLACENTA PREVIA WITHOUT HEMORRHAGE UNSPECIFIED AS TO EPISODE OF CARE  
 641.93  
 642.00 - BENIGN ESSENTIAL HYPERTENSION COMPLICATING PREGNANCY CHILDBIRTH AND THE  
 642.94 PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE  
 646.70 - LIVER DISORDERS IN PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE  
 646.73  
 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  
 656.00 - FETAL-MATERNAL HEMORRHAGE UNSPECIFIED AS TO EPISODE OF CARE IN PREGNANCY  
 656.03

658.40 - INFECTION OF AMNIOTIC CAVITY UNSPECIFIED AS TO EPISODE OF CARE  
 658.43  
 666.00 - THIRD-STAGE POSTPARTUM HEMORRHAGE UNSPECIFIED AS TO EPISODE OF CARE  
 666.34  
 671.20 - SUPERFICIAL THROMBOPHLEBITIS COMPLICATING PREGNANCY AND THE PUERPERIUM  
 671.54 UNSPECIFIED AS TO EPISODE OF CARE  
 673.00 - OBSTETRICAL AIR EMBOLISM UNSPECIFIED AS TO EPISODE OF CARE  
 673.84  
 674.30 - OTHER COMPLICATIONS OF OBSTETRICAL SURGICAL WOUNDS UNSPECIFIED AS TO EPISODE  
 674.34 OF CARE  
 710.0 SYSTEMIC LUPUS ERYTHEMATOSUS  
 713.2 ARTHROPATHY ASSOCIATED WITH HEMATOLOGICAL DISORDERS  
 713.6 ARTHROPATHY ASSOCIATED WITH HYPERSENSITIVITY REACTION  
 719.10 - HEMARTHROSIS SITE UNSPECIFIED  
 719.19  
 729.5 PAIN IN LIMB  
 729.81 SWELLING OF LIMB  
 733.10 - PATHOLOGICAL FRACTURE UNSPECIFIED SITE  
 733.19  
 762.1 OTHER FORMS OF PLACENTAL SEPARATION AND HEMORRHAGE AFFECTING FETUS OR  
 NEWBORN  
 764.90 - FETAL GROWTH RETARDATION UNSPECIFIED WEIGHT  
 764.99  
 767.0 - SUBDURAL AND CEREBRAL HEMORRHAGE DUE TO BIRTH TRAUMA  
 767.11  
 767.8 OTHER SPECIFIED BIRTH TRAUMA  
 770.3 PULMONARY HEMORRHAGE OF FETUS OR NEWBORN  
 772.0 - FETAL BLOOD LOSS  
 772.9  
 774.0 - PERINATAL JAUNDICE FROM HEREDITARY HEMOLYTIC ANEMIAS  
 774.7  
 776.0 - HEMORRHAGIC DISEASE OF NEWBORN  
 776.9  
 780.2 SYNCOPE AND COLLAPSE  
 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  
 786.50 UNSPECIFIED CHEST PAIN  
 786.59 OTHER CHEST PAIN  
 789.00 - ABDOMINAL PAIN UNSPECIFIED SITE  
 789.09  
 790.92 ABNORMAL COAGULATION PROFILE  
 800.00 - CLOSED FRACTURE OF VAULT OF SKULL WITHOUT INTRACRANIAL INJURY WITH STATE OF  
 800.99 CONSCIOUSNESS UNSPECIFIED  
 801.00 - CLOSED FRACTURE OF BASE OF SKULL WITHOUT INTRA CRANIAL INJURY WITH STATE OF  
 801.99 CONSCIOUSNESS UNSPECIFIED  
 802.20 - CLOSED FRACTURE OF UNSPECIFIED SITE OF MANDIBLE  
 802.9  
 803.00 - OTHER CLOSED SKULL FRACTURE WITHOUT INTRACRANIAL INJURY WITH STATE OF  
 803.99 CONSCIOUSNESS UNSPECIFIED

804.00 - CLOSED FRACTURES INVOLVING SKULL OR FACE WITH OTHER BONES WITHOUT  
 804.99 INTRACRANIAL INJURY WITH STATE OF CONSCIOUSNESS UNSPECIFIED  
 805.00 - CLOSED FRACTURE OF CERVICAL VERTEBRA UNSPECIFIED LEVEL  
 806.9  
 807.00 - CLOSED FRACTURE OF RIB(S) UNSPECIFIED  
 807.09  
 807.10 - OPEN FRACTURE OF RIB(S) UNSPECIFIED  
 807.19  
 808.8 - UNSPECIFIED CLOSED FRACTURE OF PELVIS  
 808.9  
 809.0 - FRACTURE OF BONES OF TRUNK CLOSED  
 809.1  
 810.00 - CLOSED FRACTURE OF CLAVICLE UNSPECIFIED PART  
 810.13  
 811.00 - CLOSED FRACTURE OF SCAPULA UNSPECIFIED PART  
 811.19  
 812.00 - FRACTURE OF UNSPECIFIED PART OF UPPER END OF HUMERUS CLOSED  
 812.59  
 813.10 - OPEN FRACTURE OF UPPER END OF FOREARM UNSPECIFIED  
 813.18  
 813.30 - FRACTURE OF SHAFT OF RADIUS OR ULNA UNSPECIFIED OPEN  
 813.33  
 813.50 - OPEN FRACTURE OF LOWER END OF FOREARM UNSPECIFIED  
 813.54  
 813.90 - FRACTURE OF UNSPECIFIED PART OF FOREARM OPEN  
 813.93  
 819.0 - MULTIPLE CLOSED FRACTURES INVOLVING BOTH UPPER LIMBS AND UPPER LIMB WITH RIB(S)  
 819.1 AND STERNUM  
 820.00 - FRACTURE OF UNSPECIFIED INTRACAPSULAR SECTION OF NECK OF FEMUR CLOSED  
 821.39  
 823.00 - CLOSED FRACTURE OF UPPER END OF TIBIA  
 823.92  
 827.0 - OTHER MULTIPLE AND ILL-DEFINED FRACTURES OF LOWER LIMB CLOSED  
 829.1  
 852.00 - SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND  
 853.19 WITH STATE OF CONSCIOUSNESS UNSPECIFIED  
 860.0 - TRAUMATIC PNEUMOTHORAX WITHOUT OPEN WOUND INTO THORAX  
 860.5  
 861.00 - UNSPECIFIED INJURY OF HEART WITHOUT OPEN WOUND INTO THORAX  
 861.32  
 862.0 - INJURY TO DIAPHRAGM WITHOUT OPEN WOUND INTO CAVITY  
 862.9  
 863.0 - INJURY TO STOMACH WITHOUT OPEN WOUND INTO CAVITY  
 863.99  
 864.00 - UNSPECIFIED INJURY TO LIVER WITHOUT OPEN WOUND INTO CAVITY  
 864.19  
 865.00 - UNSPECIFIED INJURY TO SPLEEN WITHOUT OPEN WOUND INTO CAVITY  
 865.19  
 866.00 - UNSPECIFIED INJURY TO KIDNEY WITHOUT OPEN WOUND INTO CAVITY  
 866.13  
 867.0 - INJURY TO BLADDER AND URETHRA WITHOUT OPEN WOUND INTO CAVITY  
 867.9  
 868.00 - INJURY TO UNSPECIFIED INTRA-ABDOMINAL ORGAN WITHOUT OPEN WOUND INTO CAVITY  
 868.19  
 869.0 - INTERNAL INJURY TO UNSPECIFIED OR ILL-DEFINED ORGANS WITHOUT OPEN WOUND INTO  
 869.1 CAVITY  
 900.00 - INJURY TO CAROTID ARTERY UNSPECIFIED  
 900.9

901.0 - INJURY TO THORACIC AORTA  
 901.9  
 902.0 - INJURY TO ABDOMINAL AORTA  
 902.9  
 903.00 - INJURY TO AXILLARY VESSEL(S) UNSPECIFIED  
 903.9  
 904.0 - INJURY TO COMMON FEMORAL ARTERY  
 904.9  
 920 - CONTUSION OF FACE SCALP AND NECK EXCEPT EYE(S)  
 924.9  
 925.1 - CRUSHING INJURY OF FACE AND SCALP  
 929.9  
 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  
 995.24 CERTAIN ADVERSE EFFECTS NOT ELSEWHERE CLASSIFIED; OTHER AND UNSPECIFIED  
 ADVERSE EFFECT OF DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE (DUE) TO CORRECT  
 MEDICINAL SUBSTANCE PROPERLY ADMINISTERED; FAILED MODERATE SEDATION DURING  
 PROCEDURE  
 995.27 OTHER DRUG ALLERGY  
 995.29 UNSPECIFIED ADVERSE EFFECT OF OTHER DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE  
 996.70 - OTHER COMPLICATIONS DUE TO UNSPECIFIED DEVICE IMPLANT AND GRAFT  
 996.79  
 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

## NCD for Prostate Specific Antigen (190.31)

**Publication Number** 100-03

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### CPT/HCPCS Codes

84153 PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL

### ICD-9 Codes Covered

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, URINARY OBSTRUCTION  
599.69  
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 - NONSPECIFIC ABNORMAL FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF  
793.7 ABDOMINAL AREA INCLUDING RETROPERITONEUM  
794.9 NONSPECIFIC ABNORMAL RESULTS OF OTHER SPECIFIED FUNCTION STUDY  
V10.46 PERSONAL HISTORY OF MALIGNANT NEOPLASM OF PROSTATE

**NCD for Prothrombin Time (190.17)****Publication Number** 100-03**Manual Section Number** 190.17**Effective Date of this Version** 10/01/2009**Implementation Date** 10/05/2009**CPT/HCPCS Codes**

85610 PROTHROMBIN TIME;

**ICD-9 Codes Covered**

002.0-002.9	Typhoid and paratyphoid
003.0-003.9	Other Salmonella infections
038.9	Unspecified Septicemia
042	Human Immunodeficiency virus (HIV) disease
060.0-060.9	Yellow fever
065.0-065.9	Arthropod-borne hemorrhagic fever
070.0-070.9	Viral hepatitis
075	Infectious mononucleosis
078.6	Hemorrhagic nephrosonephritis
078.7	Arenaviral hemorrhagic fever
084.8	Blackwater fever
120.0	Schistosomiasis
121.1	Clonorchiasis
121.3	Fascioliasis
124	Trichinosis
134.2	Hirudiniasis
135	Sarcoidosis
152.0-152.9	Malignant neoplasm of small intestine, including duodenum
155.0-155.2	Malignant neoplasm of liver and intrahepatic bile ducts
156.0-156.9	Malignant neoplasm of gallbladder and extrahepatic bile ducts
157.0-157.9	Malignant neoplasm of pancreas
188.0-189.9	Malignant neoplasm of bladder, kidney, and other and unspecified urinary organs
197.7	Secondary malignant neoplasm, liver
198.0	Secondary malignant neoplasm, kidney
198.1	Secondary malignant neoplasm, other urinary organs
200.00-200.28	Lymphosarcoma and reticulosarcoma; Burkitt's tumor or lymphoma
200.30-200.38	Marginal zone lymphoma
200.40-200.48	Mantle cell lymphoma
200.50-200.58	Primary central nervous system lymphoma
200.60-200.68	Anaplastic large cell lymphoma
200.70-200.78	Large cell lymphoma
200.80-200.88	Malignant tumors of lymphatic tissue; other named variants
202.00-202.68	Other malignant neoplasms of lymphoid and histiocytic tissue
202.70-202.78	Peripheral T-cell lymphoma
202.80-202.98	Other lymphomas; other and unspecified malignant neoplasms of lymphoid and histiocytic tissue
209.20-209.27, 209.29	Malignant carcinoid tumors of other and unspecified sites
209.70	Secondary neuroendocrine tumor, unspecified site
209.71	Secondary neuroendocrine tumor of distant lymph nodes

209.72	Secondary neuroendocrine tumor of liver
209.73	Secondary neuroendocrine tumor of bone
209.74	Secondary neuroendocrine tumor of peritoneum
209.75	Secondary Merkel cell carcinoma
209.79	Secondary neuroendocrine tumor of other sites
223.0-223.9	Benign neoplasm of kidney and other urinary organs
238.4	Polycythemia vera
238.5	Histiocytic and mast cells – neoplasm of uncertain behavior
238.6	Plasma cells – neoplasm of uncertain behavior
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	Myelofibrosis with myeloid metaplasia
238.77	Post-transplant lymphoproliferative disorder (PTLD)
238.79	Other lymphatic and hematopoietic tissues
239.4	Neoplasm of unspecified nature, bladder
239.5	Neoplasm of unspecified nature, other genitourinary organs
239.9	Neoplasm of unspecified nature, site unspecified
246.3	Hemorrhage and infarction of thyroid
249.40	Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled
249.41	Secondary diabetes mellitus with renal manifestations, uncontrolled
250.40-250.43	Diabetic with renal manifestations
263.0-263.9	Other and unspecified protein/calorie malnutrition
269.0	Deficiency of Vitamin K
269.2	Unspecified vitamin deficiency
273.0-273.3, 273.8-273.9	Disorders of plasma protein metabolism
275.0	Disorders of iron metabolism
277.1	Disorders of porphyrin metabolism
277.30	Amyloidosis, unspecified
277.31	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, NEC
281.9	Unspecified deficiency anemia, NOS
285.0	Sideroblastic anemia
285.1	Acute posthemorrhagic anemia
286.0-286.9	Coagulation defects
287.0-287.9	Purpura and other hemorrhagic conditions
289.81	Primary hypercoagulable state
290.40-290.43	Vascular dementia
325	Phlebitis and thrombophlebitis of intracranial venous sinuses
342.90-342.92	Hemiplegia NOS
360.43	Hemophthalmos, except current injury
362.18	Retinal vasculitis

362.30-362.37	Retinal vascular occlusion
362.43	Hemorrhagic detachment of retinal pigment epithelium
362.81	Retinal hemorrhage
363.61-363.72	Choroidal hemorrhage and rupture, detachment
368.9	Unspecified visual disturbances
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 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	Diseases of the mitral valve
395.0	Rheumatic aortic stenosis
395.2	Rheumatic aortic stenosis with insufficiency
396.0-396.9	Diseases of mitral and aortic valves
397.0-397.9	Diseases of other endocardial structures
398.0-398.99	Other rheumatic heart disease
403.01, 403.11, 403.91	Hypertensive chronic kidney disease, with chronic kidney disease stage V or end stage renal disease
404.02, 404.12, 404.92	Hypertensive heart and chronic kidney disease, without heart failure and with chronic kidney disease stage V or end stage renal disease
410.00-410.92	Acute myocardial infarction
411.1	Intermediate coronary syndrome
411.81	Coronary occlusion without myocardial infarction
411.89	Other acute and subacute forms of ischemic heart disease
413.0-413.9	Angina pectoris
414.00-414.07	Coronary atherosclerosis
414.3	Coronary atherosclerosis due to lipid rich plaque
414.8	Other specified forms of chronic ischemic heart disease
414.9	Chronic ischemic heart disease, unspecified
415.0 – 415.19	Acute pulmonary heart disease
416.9	Chronic pulmonary heart disease, unspecified
423.0	Hemopericardium
424.0	Mitral valve disorders
424.1	Aortic valve disorder
424.90	Endocarditis, valve unspecified, unspecified cause
425.0-425.9	Cardiomyopathy
427.0-427.9	Cardiac dysrhythmias
428.0-428.9	Heart failure
429.0-429.4	Ill-defined descriptions and complications of heart disease
429.79	Other sequelae of myocardial infarction, not elsewhere classified
430	Subarachnoid hemorrhage
431	Intracerebral hemorrhage
432.0-432.9	Other and unspecified intracranial hemorrhage

433.00-433.91	Occlusion and stenosis of precerebral arteries
434.00-434.91	Occlusion of cerebral arteries
435.0-435.9	Transient cerebral ischemia
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
440.0-440.32	Atherosclerosis of aorta; of other arteries; of bypass grafts
440.4	Chronic total occlusion of artery of the extremities
440.8-440.9	Atherosclerosis of other specified arteries; generalized and unspecified atherosclerosis
441.0-441.9	Aortic aneurysm and dissection
443.0-443.9	Other peripheral vascular disease
444.0-444.9	Arterial embolism and thrombosis
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
452	Portal vein thrombosis
453.0	Budd-Chiari syndrome
453.1	Thrombophlebitis migrans
453.2	Embolism and thrombosis of inferior vena cava
453.3	Embolism and thrombosis of renal vein
453.40	Acute venous embolism and thrombosis of unspecified deep vessels of lower extremity
453.41	Acute venous embolism and thrombosis of deep vessels of proximal lower extremity
453.42	Acute venous embolism and thrombosis of deep vessels of distal lower extremity
453.50	Chronic venous embolism and thrombosis of unspecified deep vessels of lower extremity
453.51	Chronic venous embolism and thrombosis of deep vessels of proximal lower extremity
453.52	Chronic venous embolism and thrombosis of deep vessels of distal lower extremity
453.6	Venous embolism and thrombosis of superficial vessels of lower extremity
453.71	Chronic venous embolism and thrombosis of superficial veins of upper extremity
453.72	Chronic venous embolism and thrombosis of deep veins of upper extremity
453.73	Chronic venous embolism and thrombosis of upper extremity, unspecified
453.74	Chronic venous embolism and thrombosis of axillary veins
453.75	Chronic venous embolism and thrombosis of subclavian veins
453.76	Chronic venous embolism and thrombosis of internal jugular veins
453.77	Chronic venous embolism and thrombosis of other thoracic veins
453.79	Chronic venous embolism and thrombosis of other specified veins

453.81	Acute venous embolism and thrombosis of superficial veins of upper extremity
453.82	Acute venous embolism and thrombosis of deep veins of upper extremity
453.83	Acute venous embolism and thrombosis of upper extremity, unspecified
453.84	Acute venous embolism and thrombosis of axillary veins
453.85	Acute venous embolism and thrombosis of subclavian veins
453.86	Acute venous embolism and thrombosis of internal jugular veins
453.87	Acute venous embolism and thrombosis of other thoracic veins
453.89	Acute venous embolism and thrombosis of other specified veins
453.9	Other venous embolism and thrombosis of unspecified site
455.2	Internal hemorrhoids with other complication
455.5	External hemorrhoids with other complication
455.8	Unspecified hemorrhoids with other complication
456.0-456.1	Esophageal varices
456.8	Varices of other sites
459.0	Hemorrhage, unspecified
459.10-459.19	Postphlebotic syndrome
459.2	Compression of vein
459.81	Venous (peripheral) insufficiency, unspecified
459.89	Other, other specified disorders of circulatory system
511.81	Malignant pleural effusion
511.89	Other specified forms of effusion, except tuberculosis
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	Gastric ulcer, duodenal ulcer, peptic ulcer, gastrojejunal ulcer, gastritis and duodenitis
535.70	Eosinophilic gastritis, without mention of obstruction
535.71	Eosinophilic gastritis, with obstruction
555.0-555.9	Regional enteritis
556.0-556.9	Ulcerative colitis
557.0-557.9	Vascular insufficiency of intestine
562.02-562.03	Diverticulosis of small intestine with hemorrhage
562.10	Diverticulosis of colon w/o hemorrhage
562.11	Diverticulitis of colon w/o 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
571.0-571.9	Chronic liver disease and cirrhosis
572.2	Hepatic encephalopathy
572.4	Hepatorenal syndrome
572.8	Other sequelae of chronic liver disease
573.1-573.9	Hepatitis in viral diseases, other and unspecified disorder of liver
576.0-576.9	Other disorders of Biliary tract

577.0	Acute pancreatitis
578.0-578.9	Gastrointestinal hemorrhage
579.0-579.9	Intestinal Malabsorption
581.0-581.9	Nephrotic Syndrome
583.9	Nephritis, with unspecified pathological lesion in kidney
584.5	Acute kidney failure with lesion of tubular necrosis
584.6	Acute kidney failure with lesion of renal cortical necrosis
584.7	Acute kidney failure with lesion of renal medullary (papillary) necrosis
584.8	Acute kidney failure with other specified pathological lesion in kidney
584.9	Acute kidney failure, unspecified
585.4-585.9	Chronic kidney disease
586	Renal failure, unspecified
593.8 1-593.89	Other specified disorders of kidney and ureter
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 including hematoma
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 the vagina
624.5	Hematoma of vulva
626.2-626.9	Abnormal bleeding from female genital tract
627.0	Premenopausal menorrhagia
627.1	Postmenopausal bleeding
629.0	Hematocele female, not classified elsewhere
632	Missed abortion
634.10-634.12	Spontaneous abortion, complicated by excessive hemorrhage
635.10-635.12	Legally induced abortion, complicated by delayed or excessive hemorrhage
636.10-636.12	Illegally induced abortion, complicated by delayed or excessive hemorrhage
637.10-637.12	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 and ectopic and molar pregnancies
639.6	Complications following abortion and ectopic and molar pregnancies with embolism
640.00-640.93	Hemorrhage in early pregnancy
641.00-641.93	Antepartum hemorrhage, abruptio placentae, and placenta previa
642.00-642.94	Hypertension complicating pregnancy, childbirth, and the puerperium
646.70-646.73	Liver disorders in pregnancy

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
658.40-658.43	Infection of amniotic cavity
666.00-666.34	Postpartum hemorrhage
671.20-671.94	Venous complications in pregnancy and the puerperium except legs, vulva and perineum
673.00-673.84	Obstetrical pulmonary embolism
674.30-674.34	Other complications of obstetrical surgical wounds
713.2	Arthropathy associated with hematological disorders
713.6	Arthropathy associated with hypersensitivity reaction
719.15	Hemarthrosis pelvic region and thigh
719.16	Lower leg
719.19	Multiple sites
729.5	Pain in limb
729.81	Swelling of limb
733.10	Pathologic fracture, unspecified site
746.00-746.9	Other Congenital anomalies of heart
762.1	Other forms of placental separation and hemorrhage
767.0, 767.11	Birth trauma, subdural and cerebral hemorrhage and injury to scalp
767.8	Other specified birth trauma
770.3	Pulmonary hemorrhage
772.0	Fetal blood loss affecting newborn
772.10-772.14	Fetal and neonatal intraventricular hemorrhage
772.2	Fetal and neonatal subarachnoid hemorrhage
772.3	Fetal and neonatal umbilical hemorrhage after birth
772.4	Fetal and neonatal gastrointestinal hemorrhage
772.5	Fetal and neonatal adrenal hemorrhage
772.6	Fetal and neonatal cutaneous hemorrhage
772.8	Fetal and neonatal other specified hemorrhage of fetus or newborn
772.9	Fetal and neonatal unspecified hemorrhage of newborn
774.6	Unspecified fetal and neonatal jaundice
776.0	Hemorrhagic disease of the newborn
776.1	Transient neonatal thrombocytopenia
776.2	Disseminated intravascular coagulation in newborn
776.3	Other transient neonatal disorders of coagulation
776.4	Polycythemia neonatorum
776.5	Congenital anemia

776.6	Anemia of prematurity
776.7	Transient neonatal neutropenia
776.8	Other specified transient hematological disorders
776.9	Unspecified hematological disorder specific to newborn
780.2	Syncope and collapse
782.3	Edema
782.4	Jaundice, unspecified, not of newborn
782.7	Spontaneous ecchymosis
784.7	Epistaxis
784.8	Hemorrhage from throat
785.4	Gangrene
785.50	Shock without mention of trauma
786.05	Shortness of breath
786.3	Hemoptysis
786.59	Chest pain, other
789.00-789.09	Abdominal pain
789.1	Hepatomegaly
789.51	Malignant ascites
789.59	Other ascites
789.7	Colic
790.92	Abnormal coagulation profile
790.94	Euthyroid sick syndrome
791.2	Hemoglobinuria
794.8	Abnormal Liver Function Study
800.00-800.99	Fracture of vault of skull
801.00-801.99	Fracture of base of skull
802.20-802.9	Fracture of face bones
803.00-803.99	Other and unqualified skull fractures
804.00-804.99	Multiple fractures involving skull or face with other bones
805.00-806.9	Fracture, vertebral column
807.00-807.09	Fractures of rib(s), closed
807.10-807.19	Fracture of rib(s), open
808.8-808.9	Unspecified fracture of pelvis
809.0-809.1	Ill-defined fractures of bones of trunk
810.00-810.13	Fracture of clavicle
811.00-811.19	Fracture of scapula
812.00-812.59	Fracture of humerus
813.10-813.18	Fracture of radius and ulna, upper end, open
813.30-813.33	Shaft, open
813.50-813.54	Lower end, open
813.90-813.93	Fracture unspecified part, open
819.0-819.1	Multiple fractures involving both upper limbs, closed and open
820.00-821.39	Fracture of neck of femur
823.00-823.92	Fracture of tibia and fibula
827.0-829.1	Other multiple lower limb
852.00-853.19	Subarachnoid subdural, and extradural hemorrhage, following injury, Other and specified intracranial hemorrhage following injury
860.0-860.5	Traumatic pneumothorax and hemothorax
861.00-861.32	Injury to heart and lung

862.0-862.9	Injury to other and unspecified intrathoracic organs
863.0-863.90	Injury to gastrointestinal tract
863.91-863.95, 863.99	Adding to Injury to gastrointestinal tract
864.00-864.19	Injury to liver
865.00-865.19	Injury to spleen
866.00-866.13	Injury to kidney
867.0-867.9	Injury to pelvic organs
868.00-868.19	Injury to other intra-abdominal organs
869.0-869.1	Internal injury to unspecified or ill defined organs
900.00-900.9	Injury to blood vessels of head and neck
901.0-901.9	Injury to blood vessels of the thorax
902.0-902.9	Injury to blood vessels of the abdomen and pelvis
903.00-903.9	Injury to blood vessels of upper extremity
904.0-904.9	Injury to blood vessels of lower extremity and unspecified sites
920-924.9	Contusion with intact skin surface
925.1-929.9	Crushing injury
958.2	Secondary and recurrent hemorrhage
959.9	Injury, unspecified site
964.0-964.9	Poisoning by agents primarily affecting blood constituents
980.0-980.9	Toxic effect of alcohol
981	Toxic effect of petroleum products
982.0-982.8	Toxic effects of solvents other than petroleum-based
987.0-987.9	Toxic effect of other gases, fumes or vapors
989.0-989.9	Toxic effect of other substances chiefly non-medicinal as to source
995.20	Unspecified adverse effect of unspecified drug, medicinal and biological substance
995.21	Arthus phenomenon
995.24	Failed moderate sedation during procedure
995.27	Other drug allergy
995.29	Unspecified adverse effect of other drug, medicinal & biological substance
996.82	Complication of transplanted liver
997.02	Iatrogenic cerebrovascular infarction or hemorrhage
997.4	Digestive system complications
998.11-998.12	Hemorrhage or hematoma complicating a procedure
999.2	Other vascular complications
999.89	Other transfusion reaction
V08	Asymptomatic HIV infection
V12.1	History of nutritional deficiency
V12.3	Personal history of diseases of blood and blood-forming organs
V12.50-V12.54, V12.59	Personal history of transient ischemic attack and cerebral infarction without residual deficits
V15.1	Personal history of surgery to heart and great vessels
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	Surgery to other organs
V42.0	Kidney replaced by transplant
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	Other specified organ or tissue replaced by transplant
V43.21-V43.22	Heart replaced by other means
V43.3	Heart valve replaced by other means
V43.4	Blood vessel replaced by other means
V58.2	Transfusion of blood products
V58.61	Long-term (current) use of anticoagulants
V58.83	Encounter for therapeutic drug monitoring

## NCD for Thyroid Testing (190.22)

**Publication Number** 100-03

**Manual Section Number** 190.22

**Effective Date of this Version** 10/01/2009

**Implementation Date** 10/05/2009

### CPT/HCPCS Codes

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

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 UNUNCONTROLLED, 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
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
279.41	AUTOIMMUNE DISEASE NOT ELSEWHERE CLASSIFIED
279.49	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
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 OPHTHALMOPLÉGIA
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
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
784.42- 784.44	DYSPHONIA
784.49	OTHER VOICE DISTURBANCE
784.51	CARIOGENIC SHOCK
784.59	SHOCK WITHOUT MENTION OF TRAUMA; OTHER
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

799.21- 799.25	NERVOUSNESS
799.29	OTHER SIGNS AND SYMPTOMS INVOLVING EMOTIONAL STATE
990	EFFECTS OF RADIATION UNSPECIFIED
V10.87	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF THYROID
V10.88	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES
V10.91	PERSONAL HISTORY OF MALIGNANT NEUROENDOCRINE TUMOR
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

## NCD for Tumor Antigen by Immunoassay - CA 125 (190.28)

**Publication Number** 100-03

**Manual Section Number** 190.28

**Effective Date of this Version** 01/01/2009

**Implementation Date** 01/05/2009

### CPT/HCPCS Codes

86304 IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 125

### ICD-9 Codes Covered

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

**NCD for Tumor Antigen by Immunoassay CA 15-3/CA 27.29 (190.29)**

**Publication Number** 100-03

**Manual Section Number** 190.29

**Effective Date of this Version** 10/01/2009

**Implementation Date** 10/05/2009

**CPT/HCPCS Codes**

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

**ICD-9 Codes Covered**

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

## **NCD for Tumor Antigen by Immunoassay CA 19-9 (190.30)**

**Publication Number** 100-03

**Manual Section Number** 190.30

**Effective Date of this Version** 10/01/2009

**Implementation Date** 10/05/2009

### **CPT/HCPCS Codes**

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

### **ICD-9 Codes Covered**

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

## Local Coverage Determinations

**Source:** Medicare Part A Policy First Coast - MAC J9

**Chapter:**

**Subject:** B-Type Natriuretic Peptide (BNP)

### Contractor Information

**Contractor Name**

[First Coast Service Options, Inc.](#)

**Contractor Number**

09101

**Contractor Type**

MAC - Part A

**LCD ID Number:** L28772

**LCD Title:** B-Type Natriuretic Peptide (BNP)

**Contractor's Determination Number:** A83880

**CPT/HCPCS Codes**

83880 NATRIURETIC PEPTIDE

**ICD-9 Codes that Support Medical Necessity**

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
786.06	TACHYPNEA
786.07	WHEEZING
786.09	RESPIRATORY ABNORMALITY OTHER

**Source:** Medicare Part A Policy First Coast - MAC J9  
**Chapter:**  
**Subject:** Ionized Calcium

<b>Contractor Information</b>
<b>Contractor Name</b> <a href="#">First Coast Service Options, Inc.</a>
<b>Contractor Number</b> 09101
<b>Contractor Type</b> MAC - Part A
<b>LCD Information</b>
<b>LCD ID Number: L28896</b>
<b>LCD Title: Ionized Calcium</b>
<b>Contractor's Determination Number: A82330</b>

### CPT/HCPCS Codes

82330                      CALCIUM; IONIZED

### ICD-9 Codes that Support Medical Necessity

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 - 787.04	NAUSEA WITH VOMITING - BILIOUS EMESIS
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.



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 - 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 KIDNEY FAILURE WITH LESION OF TUBULAR NECROSIS - ACUTE KIDNEY 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 - 787.04	NAUSEA WITH VOMITING - BILIOUS EMESIS
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*	ELECTOLYTIC 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.

**Source:** Medicare Part A Policy First Coast - MAC J9  
**Chapter:**  
**Subject:** Creatine Kinase (CK), (CPK)

#### Contractor Information

**Contractor Name**

First Coast Service Options, Inc.

**Contractor Number**

09101

**Contractor Type**

MAC - Part A

#### LCD Information

**LCD ID Number: L28810**

**LCD Title: Creatine Kinase (CK), (CPK)**

**Contractor's Determination Number: A82550**

#### 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.

**Appendices****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.

## 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.

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 G0430 three (3) times. However, if multiple drugs can be detected using a single analysis (eg, one stationary phase with one mobile phase), use G0430 only once.

### Code Details

Code:	G0430
Description:	Drug screen, qualitative; multiple drug classes, other than chromatographic method, each procedure
Status Indicator:	A
Effective Date:	2010-01-01
Add-On Code:	No

### MedAssets Notes

3/24/2010 - Description changed back from "Drug screen, qualitative; multiple drug classes, any method, each procedure (e.g, multiple drug test kit)" per updated January CMS HCPCS spreadsheet  
3/2/2010 - Description updated per CMS HCPCS January spreadsheet - former description "Drug screen, qualitative, multiple drug classes other than chromatographic method, each procedure"

### See Also

Code	Comment	Start Date	End Date
<a href="#">80100</a>	Per transmittal R653OTN, report CPT code if using chromatographic testing method. Use G code for non-chromatographic method.	2010-04-01	

### Code Details

Code:	G0431
Description:	Drug screen, qualitative; single drug class method (e.g.,

immunoassay and enzyme assay), each drug class

Status Indicator: A

Effective Date: 2010-01-01

Add-On Code: No

**MedAssets Notes**

3/2/2010 - Description updated per CMS HCPCS January spreadsheet - added "and" to parenthetical

**See Also**

<b>Code</b>	<b>Comment</b>	<b>Start Date</b>	<b>End Date</b>
<a href="#">80101</a>	Per transmittal R653OTN, G code is replacement for CPT code.	2010-04-01	

**Source:** Medicare Part B Policy First Coast - MAC J9  
**Chapter:**  
**Subject:** Gene Expression Profiling Panel for use in the Management of Breast Cancer Treatment

### Contractor Information

**Contractor Name**

First Coast Service Options, Inc.

**Contractor Number**

09101

**Contractor Type**

MAC - Part A

### LCD Information

**LCD ID Number: L28849**

**LCD Title:** Gene Expression Profiling Panel for use in the Management of Breast Cancer Treatment

**Contractor's Determination Number: A84999**

**CPT/HCPCS Codes**

84999 UNLISTED CHEMISTRY PROCEDURE

**ICD-9 Codes that Support Medical Necessity**

174.0 - MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF FEMALE BREAST - MALIGNANT  
174.9 NEOPLASM OF BREAST (FEMALE) UNSPECIFIED SITE

175.0 - MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF MALE BREAST - MALIGNANT  
175.9 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.

**Source:** Medicare Part A Policy First Coast - MAC J9  
**Chapter:**  
**Subject:** Hepatitis B Surface Antibody and Surface Antigen

<b>Contractor Information</b>
<b>Contractor Name</b> <a href="#">First Coast Service Options, Inc.</a>
<b>Contractor Number</b> 09101
<b>Contractor Type</b> MAC - Part A
<b>LCD Information</b>
<b>LCD ID Number: L28852</b>
<b>LCD Title:</b> Hepatitis B Surface Antibody and Surface Antigen
<b>Contractor's Determination Number: A86706</b>

#### 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):

070.20 - VIRAL HEPATITIS B WITH HEPATIC COMA ACUTE OR UNSPECIFIED WITHOUT HEPATITIS  
 070.23 DELTA - CHRONIC VIRAL HEPATITIS B WITH HEPATIC COMA WITH HEPATITIS DELTA

070.30 - VIRAL HEPATITIS B WITHOUT HEPATIC COMA ACUTE OR UNSPECIFIED WITHOUT  
 070.33 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

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.

For procedure code 87340 (Hepatitis B surface antigen):

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.

**Source:** Medicare Part A Policy First Coast - MAC J9  
**Chapter:**  
**Subject:** Hepatitis C Antibody in the ESRD and non-ESRD setting

Contractor Information	
<b>Contractor Name</b>	First Coast Service Options, Inc.
<b>Contractor Number</b>	09101
<b>Contractor Type</b>	MAC - Part A
LCD Information	
<b>LCD ID Number:</b>	L28886
<b>LCD Title:</b>	Hepatitis C Antibody in the ESRD and non-ESRD setting
<b>Contractor's Determination Number:</b>	A86803

#### CPT/HCPCS Codes

86803 HEPATITIS C ANTIBODY;

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

#### General Information

##### Documentation Requirements:

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.

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.

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.

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.

**Utilization Guidelines** It is expected that testing for hepatitis C will be performed:

##### **In the ESRD setting:**

- 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

##### **In the non-ESRD setting:**

- When an exposure occurs which might result in seroconversion
- When there is an unexplained new elevation of the transaminases

**Source:** Medicare Part A Policy First Coast - MAC J9  
**Chapter:**  
**Subject:** Magnesium

Contractor Information	
<b>Contractor Name</b>	First Coast Service Options, Inc.
<b>Contractor Number</b>	09101
<b>Contractor Type</b>	MAC - Part A
LCD Information	
<b>LCD ID Number:</b>	L28902
<b>LCD Title:</b>	Magnesium
<b>Contractor's Determination Number:</b>	A83735

#### CPT/HCPCS Codes

83735                    MAGNESIUM

#### ICD-9 Codes that Support Medical Necessity

- 242.00 - TOXIC DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM - THYROTOXICOSIS
- 242.91    WITHOUT GOITER OR OTHER CAUSE WITH THYROTOXIC CRISIS OR STORM
- 250.10 - DIABETES WITH KETOACIDOSIS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS
- 250.13    UNCONTROLLED - DIABETES WITH KETOACIDOSIS, TYPE I [JUVENILE TYPE],  
UNCONTROLLED
- 250.20 - DIABETES WITH HYPEROSMOLARITY, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS
- 250.23    UNCONTROLLED - DIABETES WITH HYPEROSMOLARITY, TYPE I [JUVENILE TYPE],  
UNCONTROLLED
- 250.30 - DIABETES WITH OTHER COMA, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS
- 250.33    UNCONTROLLED - DIABETES WITH OTHER COMA, TYPE I [JUVENILE TYPE],  
UNCONTROLLED
- 250.40 - DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS
- 250.43    UNCONTROLLED - DIABETES WITH RENAL MANIFESTATIONS, TYPE I [JUVENILE TYPE],  
UNCONTROLLED
- 250.50 - DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT
- 250.53    STATED AS UNCONTROLLED - DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE I  
[JUVENILE TYPE], UNCONTROLLED
- 250.60 - DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT
- 250.63    STATED AS UNCONTROLLED - DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I  
[JUVENILE TYPE], UNCONTROLLED
- 250.70 - DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE,
- 250.73    NOT STATED AS UNCONTROLLED - DIABETES WITH PERIPHERAL CIRCULATORY  
DISORDERS, TYPE I [JUVENILE TYPE], UNCONTROLLED
- 250.80 - DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT
- 250.83    STATED AS UNCONTROLLED - DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE  
I [JUVENILE TYPE], UNCONTROLLED

252.00 - 252.08	HYPERPARATHYROIDISM, UNSPECIFIED - OTHER HYPERPARATHYROIDISM
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 ALDOSTERONISM
255.41	GLUCOCORTICOID DEFICIENCY
255.42	MINERALOCORTICOID DEFICIENCY
259.3	ECTOPIC HORMONE SECRETION NOT ELSEWHERE CLASSIFIED
260	KWASHIORKOR
261	NUTRITIONAL MARASMUS
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
569.87	VOMITING OF FECAL MATTER
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 KIDNEY FAILURE WITH LESION OF TUBULAR NECROSIS - ACUTE KIDNEY 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 - 787.04	NAUSEA WITH VOMITING - BILIOUS EMESIS
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.

**Source:** Medicare Part A Policy First Coast - MAC J9  
**Chapter:**  
**Subject:** Parathormone (Parathyroid Hormone)

<b>Contractor Information</b>
<b>Contractor Name</b> <a href="#">First Coast Service Options, Inc.</a>
<b>Contractor Number</b> 09101
<b>Contractor Type</b> MAC - Part A
<b>LCD Information</b>
<b>LCD ID Number</b> L 28945
<b>LCD Title:</b> Parathormone (Parathyroid Hormone)
<b>Contractor's Determination Number:</b> A83970

**CPT/HCPCS Codes**

83970 PARATHORMONE (PARATHYROID HORMONE)

**ICD-9 Codes that Support Medical Necessity**

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 - 787.04	NAUSEA WITH VOMITING - BILIOUS EMESIS
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.

**Source:** Medicare Part A Policy First Coast - MAC J9  
**Chapter:**  
**Subject:** Serum Phosphorus

<b>Contractor Information</b>
<b>Contractor Name</b> <a href="#">First Coast Service Options, Inc.</a>
<b>Contractor Number</b> 09101
<b>Contractor Type</b> MAC - Part A
<b>LCD Information</b>
<b>LCD ID Number: L28984</b>
<b>LCD Title: Serum Phosphorus</b>
<b>Contractor's Determination Number: A84100</b>

#### CPT/HCPCS Codes

84100 PHOSPHORUS INORGANIC (PHOSPHATE);

#### ICD-9 Codes that Support Medical Necessity

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 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 KIDNEY FAILURE WITH LESION OF TUBULAR NECROSIS - ACUTE KIDNEY 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
799.21	NERVOUSNESS
799.22	IRRITABILITY
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.

**Source:** Medicare Part A Policy First Coast - MAC J9  
**Chapter:**  
**Subject:** Sedimentation Rate, Erythrocyte

<b>Contractor Information</b>	
<b>Contractor Name</b>	First Coast Service Options, Inc.
<b>Contractor Number</b>	09101
<b>Contractor Type</b>	MAC - Part A
<b>LCD Information</b>	
<b>LCD ID Number:</b>	<b>L28983</b>
<b>LCD Title:</b>	Sedimentation Rate, Erythrocyte
<b>Contractor's Determination Number:</b>	<b>A85651</b>

#### CPT/HCPCS Codes

85651 SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED

85652 SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED

#### ICD-9 Codes that Support Medical Necessity

200.20 - BURKITT'S TUMOR OR LYMPHOMA UNSPECIFIED SITE - BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF MULTIPLE SITES  
 200.28

201.00 - HODGKIN'S PARAGRANULOMA UNSPECIFIED SITE - HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF MULTIPLE SITES  
 201.98

202.00 - NODULAR LYMPHOMA UNSPECIFIED SITE - NODULAR LYMPHOMA INVOLVING LYMPH NODES OF MULTIPLE SITES  
 202.08

202.80 - OTHER MALIGNANT LYMPHOMAS UNSPECIFIED SITE - OTHER MALIGNANT LYMPHOMAS INVOLVING LYMPH NODES OF MULTIPLE SITES  
 202.88

240.0 - GOITER SPECIFIED AS SIMPLE - GOITER UNSPECIFIED  
 240.9

241.0 - NONTOXIC UNINODULAR GOITER - UNSPECIFIED NONTOXIC NODULAR GOITER  
 241.9

242.00 - TOXIC DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM - THYROTOXICOSIS WITHOUT GOITER OR OTHER CAUSE WITH THYROTOXIC CRISIS OR STORM  
 242.91

245.0 - ACUTE THYROIDITIS - THYROIDITIS UNSPECIFIED  
 245.9

246.8 OTHER SPECIFIED DISORDERS OF THYROID

279.41 - AUTOIMMUNE LYMPHOPROLIFERATIVE SYNDROME - AUTOIMMUNE DISEASE, NOT ELSEWHERE CLASSIFIED  
 279.49

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 ARTHRITIS
714.81	RHEUMATOID LUNG
714.9	UNSPECIFIED INFLAMMATORY POLYARTHROPATHY
716.59	UNSPECIFIED POLYARTHROPATHY OR POLYARTHROITIS 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

**Source:** Medicare Part A Policy First Coast - MAC J9  
**Chapter:**  
**Subject:** Syphilis Test

<b>Contractor Information</b>
<b>Contractor Name</b> <a href="#">First Coast Service Options, Inc.</a>
<b>Contractor Number</b> 09101
<b>Contractor Type</b> MAC - Part A
<b>LCD Information</b>
<b>LCD ID Number: L29044</b>
<b>LCD Title: Syphilis Test</b>
<b>Contractor's Determination Number: A86592</b>

#### **CPT/HCPCS Codes**

86592 SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUALITATIVE (EG, VDRL, RPR, ART)  
 86593 SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUANTITATIVE  
 86780 ANTIBODY; TREPONEMA PALLIDUM

#### **ICD-9 Codes that Support Medical Necessity**

042 HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE  
 053.0 - HERPES ZOSTER WITH MENINGITIS - HERPES ZOSTER WITHOUT COMPLICATION  
 053.9  
 054.0 - ECZEMA HERPETICUM - HERPES SIMPLEX WITHOUT COMPLICATION  
 054.9  
 070.0 - VIRAL HEPATITIS A WITH HEPATIC COMA - UNSPECIFIED VIRAL HEPATITIS WITHOUT  
 070.9 HEPATIC COMA  
 078.0 MOLLUSCUM CONTAGIOSUM  
 078.10 - VIRAL WARTS UNSPECIFIED - OTHER SPECIFIED VIRAL WARTS  
 078.19  
 078.88 OTHER SPECIFIED DISEASES DUE TO CHLAMYDIAE  
 079.4 HUMAN PAPILLOMAVIRUS IN CONDITIONS CLASSIFIED ELSEWHERE AND OF  
 UNSPECIFIED SITE  
 079.50 - RETROVIRUS UNSPECIFIED - OTHER SPECIFIED RETROVIRUS  
 079.59  
 079.88 OTHER SPECIFIED CHLAMYDIAL INFECTION  
 090.0 - EARLY CONGENITAL SYPHILIS SYMPTOMATIC - CONGENITAL SYPHILIS UNSPECIFIED  
 090.9  
 091.0 - GENITAL SYPHILIS (PRIMARY) - UNSPECIFIED SECONDARY SYPHILIS  
 091.9

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 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

**Source:** Medicare Part A Policy First Coast - MAC J9  
**Chapter:**  
**Subject:** Troponin

Contractor Information	
<b>Contractor Name</b>	First Coast Service Options, Inc.
<b>Contractor Number</b>	09101
<b>Contractor Type</b>	MAC - Part A
LCD Information	
<b>LCD ID Number:</b>	L29000
<b>LCD Title:</b>	Troponin
<b>Contractor's Determination Number:</b>	A84484

#### CPT/HCPCS Codes

84484 TROPONIN, QUANTITATIVE

84512 TROPONIN, QUALITATIVE

#### ICD-9 Codes that Support Medical Necessity

410.00 - ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE  
 410.92 UNSPECIFIED - ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE SUBSEQUENT EPISODE OF CARE

411.1 INTERMEDIATE CORONARY SYNDROME

413.0 - ANGINA DECUBITUS - OTHER AND UNSPECIFIED ANGINA PECTORIS  
 413.9

427.0 - PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA - CARDIAC DYSRHYTHMIA  
 427.9 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 - UNSPECIFIED CHEST PAIN - OTHER CHEST PAIN  
 786.59

789.06 ABDOMINAL PAIN EPIGASTRIC

794.31 NONSPECIFIC ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)

**Source:** Medicare Part A Policy First Coast - MAC J9  
**Chapter:**  
**Subject:** Urinalysis

Contractor Information	
<b>Contractor Name</b>	First Coast Service Options, Inc.
<b>Contractor Number</b>	09101
<b>Contractor Type</b>	MAC - Part A
LCD Information	
<b>LCD ID Number:</b>	L29042
<b>LCD Title:</b>	Urinalysis
<b>Contractor's Determination Number:</b>	81000

#### CPT/HCPCS Codes

- 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

<b>ID</b>	166456
<b>Source</b>	CMS National Coverage Decision
<b>Effective Date</b>	06/19/2006
<b>Publish Date</b>	July 2001
<b>States Affected</b>	NA
<b>Policy Number</b>	210.2
<b>Subject</b>	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.

<b>ID</b>	121035
<b>Source</b>	CMS National Coverage Decision
<b>Effective Date</b>	06/19/2006
<b>Publish Date</b>	April 1999
<b>States Affected</b>	NA
<b>Policy Number</b>	210.1
<b>Subject</b>	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:

<b>HCPCS Codes</b>	<b>HCPCS Code Descriptors</b>
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](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 2010)

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.

<b>Core Laboratory</b>		
<b>Initial Test</b>	<b>Reflex Criteria</b>	<b>Reflex Test</b>
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 <b>only</b> )	Clarity (Not Clear) Hgb = Positive Nitrite = Positive Leukocyte Esterase = Positive	Urine Culture
Sickle Cell Screen	Positive	Hemoglobin electrophoresis
PFACED	Elevated	PFACAD

<b>Microbiology</b>		
<b>Initial Test</b>	<b>Reflex Criteria</b>	<b>Reflex Test</b>
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

<b>Virology</b>		
<b>Initial Test</b>	<b>Reflex Criteria</b>	<b>Reflex Test</b>
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)

<b>Cytology</b>		
<b>Initial Test</b>	<b>Reflex Criteria</b>	<b>Reflex Test</b>
Pap Smear	ASCUS positive	HPV

<b>Blood Bank</b>		
<b>Initial Test</b>	<b>Reflex Criteria</b>	<b>Reflex Test</b>
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.