

Medicare Coverage Policies

January 2012 Update

Dear Client,

This manual was developed to provide a ready reference of coverage policies so you can determine whether it is necessary to have Medicare patients sign an **Advance Beneficiary Notice (ABN)**. Use this manual to verify the need for an ABN by checking the ICD-9 code provided by the physician against the policy for medical necessity. If the ICD-9 code is not listed (with the exception of the Blood Count policy - see below), have the patient sign an ABN before drawing the specimen.

There are two types of policies located in this manual. One is the National Coverage Decisions (NCD) Uniform Lab Policies, and the other is the Local Coverage Decisions (LCDs).

The policy type for each test contained in this manual can be found below and to the right of the test name:

Alpha-fetoprotein	Policy Type: NCD (National Coverage Decision)
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For each policy, you will see its CPT code(s) listed below the heading area and the ICD-9 (diagnosis) codes that are accepted for payment. ***There is an exception to this format: the list of covered codes for the Blood Count policy is so expansive that the non-covered codes are listed instead.***

Please note that this policy information is specific to the State of Oregon. The policy is regularly updated. Visit our website at www.peacehealthlabs.org/publications for the most recent update.

Medicare regulations state that it is the responsibility of the physician or an authorized representative to select the diagnosis based on the medical record, not reimbursement considerations. This manual is not meant to suggest or in any way influence the selection of an ICD-9 code.

If you have questions about this manual or how to use it, please call PeaceHealth Laboratories Billing at **541-687-2134** or **800-826-3616**. For additional copies, call April Grove at **541-349-8447**.

ESTIMATED PATIENT PRICES
(Tests Requiring an ABN)

Medicare does not pay for these tests for this condition		Medicare does not pay for this test this often (Frequency limitations may apply to these tests)	
AFP (tumor marker)	\$ 42.77	HIV Testing	varies
Blood Counts		HDL	\$ 25.45
CBC with Auto Diff	\$ 24.08	Lipid Testing	
CBC with Manual Diff	\$ 28.13	Cholesterol	\$ 15.96
Hemogram	\$ 19.95	LDL, Direct	\$ 44.69
Platelet Count	\$ 18.95	Lipid Panel	\$ 40.70
BNP	\$ 180.98	Lipid w/Reflex	\$ 85.39
CA 125	\$ 57.51	Triglycerides	\$ 16.27
CA 15-3 or 27-29	\$ 50.38	PTT	\$ 24.58
CA 19-9	\$ 64.69	PSA, Total	\$ 47.91
CEA	\$ 42.38	PT	\$ 18.95
Collagen Cross Links (Pyridium)	\$ 62.80	Thyroid Testing	
Cytogenetics Testing	varies	T3, Free	\$ 41.43
Digoxin	\$ 50.03	T3, Total	\$ 42.68
GGT	\$ 20.03	T4	\$ 20.64
Glucose Testing		T4, Free	\$ 28.21
Glucose	\$ 15.31	TSH	\$ 46.10
Glucose, Fasting	\$ 15.31	Thyroid Function Panel	\$ 74.31
Glucose Tolerance, 2hr	\$ 30.65	Urine Culture	\$ 24.08
HCG Quant	\$ 42.14	Vitamin D	\$ 67.03
Hepatitis Panel, Acute	\$135.32		
		Glycohemoglobin	\$ 25.99
		Iron Studies	
		Iron	\$ 23.88
		Ferritin	\$ 42.68
		TIBC	\$ 33.71
		Occult Blood, Fecal	\$ 15.45

Prices are estimates and can change without notice. For further information, please contact Client Accounts at 541-341-8026 or 800-826-3616 x8026

Medicare Coverage Policies

Universal Policy Guidelines: NCD reasons for denial

For all NCD policies, the following reasons for denial apply:

Note: *This section has not been negotiated by the Negotiated Rulemaking Committee. It includes HCFA's interpretation of its longstanding policies and is included for informational purposes.*

- Tests for screening purposes that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered except as explicitly authorized by statute. These include exams required by insurance companies, business establishments, government agencies, or other third parties.
- Tests that are not reasonable and necessary for the diagnosis or treatment of an illness or injury are not covered according to the statute.
- Failure to provide documentation of the medical necessity of tests may result in denial of claims. The documentation may include notes documenting relevant signs, symptoms, or abnormal findings that substantiate the medical necessity for ordering the tests. In addition, failure to provide independent verification that the test was ordered by the treating physician (or qualified nonphysician practitioner) through documentation in the physician's office may result in denial.
- A claim for a test for which there is a national coverage or local medical review policy will be denied as not reasonable and necessary if it is submitted without an ICD-9-CM code or narrative diagnosis listed as covered in the policy unless other medical documentation justifying the necessity is submitted with the claim.
- If a national or local policy identifies a frequency expectation, a claim for a test that exceeds that expectation may be denied as not reasonable and necessary, unless it is submitted with documentation justifying increased frequency.
- Tests that are not ordered by a treating physician or other qualified treating nonphysician practitioner acting within the scope of their license and in compliance with Medicare requirements will be denied as not reasonable and necessary.
- Failure of the laboratory performing the test to have the appropriate Clinical Laboratory Improvement Amendment of 1988 (CLIA) certificate for the testing performed will result in denial of claims.

Medicare Coverage Policies

Universal Policy Guidelines: NCD coding guidelines

For all NCD policies, the following coding guidelines should be observed:

1. Any claim for a test listed in “HCPCS Codes” above must be submitted with an ICD–9–CM diagnosis code. Codes that describe symptoms and signs, as opposed to diagnoses, should be provided for reporting purposes when a diagnosis has not been established by the physician. (Based on Coding Clinic for ICD–9–CM, Fourth Quarter 1995, page 43).
2. Screening is the testing for disease or disease precursors so that early detection and treatment can be provided for those who test positive for the disease. Screening tests are performed when no specific sign, symptom, or diagnosis is present and the patient has not been exposed to a disease. The testing of a person to rule out or to confirm a suspected diagnosis because the patient has a sign and/or symptom is a diagnostic test, not a screening. In these cases, the sign or symptom should be used to explain the reason for the test. When the reason for performing a test is because the patient has had contact with, or exposure to, a communicable disease, the appropriate code from category V01, Contact with or exposure to communicable diseases, should be assigned, not a screening code, but the test may still be considered screening and not covered by Medicare. For screening tests, the appropriate ICD–9–CM screening code from categories V28 or V73–V82 should be used. (From Coding Clinic for ICD–9–CM, Fourth Quarter 1996, pages 50 and 52).
3. A three-digit code is to be used only if it is not further subdivided. Where fourth-digit and/or fifth-digit subclassifications are provided, they must be assigned. A code is invalid if it has not been coded to the full number of digits required for that code. (From Coding Clinic for ICD–9–CM, Fourth Quarter, 1995, page 44).
4. Diagnoses documented as “probable,” “suspected,” “questionable,” “rule-out,” or “working diagnosis” should not be coded as though they exist. Rather, code the condition(s) to the highest degree of certainty for that encounter, such as signs, symptoms, abnormal test results, exposure to communicable disease or other reasons for the visit. (From Coding Clinic for ICD–9–CM, Fourth Quarter 1995, page 45).
5. When a non-specific ICD–9 code is submitted, the underlying sign, symptom, or condition must be related to the indications for the test.
6. In the case of pre-operative examination (V72.84), the following codes may support medical necessity: 585, 586, 592.0–592.9, 594.0–594.9, 600, 602.0–602.9, 939.0, 939.3.

Medicare Coverage Policies

Universal Policy Guidelines: LCD reasons for denial

For all LCD policies, the following reasons for denial apply:

Medicare does not cover routine screening in the absence of signs or symptoms. Periodic monitoring of serum levels of high-risk medication is not considered screening.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as "not reasonable and necessary" under Section 1862 (a) (1) of the Social Security Act.

Medicare Coverage Policies

Universal Policy Guidelines: LCD coding guidelines

For all LCD policies, the following coding guidelines should be observed:

ICD-9-CM code V82.9 (special screening of other conditions, unspecified condition) should be used to indicate screening tests performed. Use of V82.9 will result in the denial of claims as non-covered screening services.

All ICD-9-CM diagnosis codes must be coded to the highest level of specificity.

Reviewing results of laboratory tests, phoning results to patients, filing such results, and such activities as obtaining, reviewing, and analyzing the appropriate diagnostic tests, etc., are services which are covered by the program, and payment for these services is included in the payment for the evaluation and management (E&M) services to the patient.

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**Medicare Coverage Policies
NCD/LCD Policy Updates**

Policy Name	NCD	LCD	Last update
Alpha-fetoprotein	✓		1/12
B-type Natriuretic Peptide (BNP)		✓	7/11
Blood Counts	✓		10/11
CA 125	✓		10/06
CA 15-3 (27.29)	✓		10/06
CA 19-9	✓		10/06
Carcinoembryonic Antigen (CEA)	✓		10/09
Collagen Cross Links	✓		10/04
Cytogenetics		✓	10/10
Digoxin	✓		10/10
GGT	✓		10/11
General Health Panel		✓	9/95
Genetic Testing		✓	11/10
Glucose	✓		10/11
Glycated Protein/Glycohemoglobin	✓		10/11
Gonadotropin, Chorionic (hCG)	✓		10/11
Hepatitis Panel	✓		10/10
HIV testing; Diagnosis	✓		10/10
HIV testing; Prognosis, including monitoring	✓		1/07
Iron Studies	✓		10/11
Lipid Testing	✓		10/11
Occult Blood, Fecal	✓		10/11
Partial Thromboplastin Time (PTT)	✓		10/11
Prostate Specific Antigen (PSA)	✓		10/10
Prothrombin Time	✓		1/12
Thyroid Testing	✓		10/11
Urine Culture, Bacterial/Sensitivity Studies	✓		10/10
Vitamin D Assay		✓	11/11

Medicare Coverage Policies Test/CPT Listing

Policy Name	NCD	LCD	CPT Code(s)
Alpha-fetoprotein	✓		82105
B-type Natriuretic Peptide (BNP)		✓	83880
Blood Counts	✓		85004, 85007, 85008, 85013, 85014, 85018, 85025, 85027, 85032, 85048, 85049
CA 125	✓		86304
CA 15-3 (27.29)	✓		86300
CA 19-9	✓		86301
Carcinoembryonic Antigen (CEA)	✓		82378
Collagen Cross Links	✓		82523
Cytogenetics		✓	88230-88299
Digoxin	✓		80162
GGT	✓		82977
General Health Panel		✓	80050
Genetic Testing		✓	83890, 83891, 83892, 83893, 83894, 83898, 83904, 83909, 83912
Glucose	✓		82947, 82948, 82962
Glycated Protein/Glycohemoglobin	✓		82985, 83036
Gonadotropin, Chorionic (hCG)	✓		84702
Hepatitis Panel	✓		80074
HIV testing; Diagnosis	✓		86689, 86701-86703, 87390, 87391, 87534, 87535, 87537, 87538
HIV testing; Prognosis, including monitoring	✓		87536, 87537
Iron Studies	✓		82728, 83540, 83550, 84466
Lipid Testing	✓		80061, 82465, 83704, 83718, 83721, 84478
Occult blood, Diagnostic	✓		82272
Partial Thromboplastin Time (PTT)	✓		85730
Prostate Specific Antigen (PSA)	✓		84153
Prothrombin Time	✓		85610
Thyroid Testing	✓		84436, 84439, 84443, 84479
Urine Culture, Bacterial/Sensitivity Studies	✓		87086, 87088, 87184, 87186
Vitamin D Assay		✓	82306, 82652

Indications and Limitations

Test Name	Indications/Limitations
Alpha-fetoprotein <i>Policy 190.25</i>	AFP is useful for the diagnosis of hepatocellular carcinoma in high-risk patients (such as alcoholic cirrhosis, cirrhosis of viral etiology, hemochromatosis, and alpha 1-antitrypsin deficiency) and in separating patients with benign hepatocellular neoplasms or metastases from those with hepatocellular carcinoma and, as a non-specific tumor associated antigen, serves in marking germ cell neoplasms of the testis, ovary, retro peritoneum, and mediastinum.
B-type Natriuretic Peptide <i>Policy L31570</i>	<p data-bbox="613 573 1437 762">Indications</p> <p data-bbox="613 625 1437 762">BNP measurements may be considered reasonable and necessary when used in combination with other medical data such as medical history, physical examination, laboratory studies, chest x-ray, and electrocardiography in the following two clinical situations.</p> <ul data-bbox="662 789 1437 1283" style="list-style-type: none"><li data-bbox="662 789 1437 993">• Acute exacerbation of dyspnea in patients with known or suspected pulmonary or other non-cardiac causes of dyspnea to rule out CHF. Plasma BNP levels are significantly increased in patients with CHF presenting with acute dyspnea compared to patients presenting with acute dyspnea due to other causes.<li data-bbox="662 1041 1437 1283">• Acute exacerbation of dyspnea in patients known to suffer from both chronic obstructive pulmonary disease (COPD) and CHF. The BNP level may assist the physician distinguish between an exacerbation of COPD and decompensated CHF. Plasma BNP levels are significantly increased in patients with CHF with or without concurrent lung disease compared with patients who have primary lung disease.
	<p data-bbox="613 1356 1437 1738">Limitations</p> <p data-bbox="613 1423 1437 1738">BNP measurements must be assessed in conjunction with standard diagnostic tests, medical history and clinical findings. The efficacy of BNP measurement as a stand-alone test has not been established yet. Moreover, certain conditions such as (and not limited to) ischemia, infarction and renal insufficiency, advanced age, female gender may cause elevation of circulating BNP; obesity, upstream <i>heart failure</i> and other conditions lower the BNP level. These conditions confound the interpretation of BNP levels to varying extents.</p> <p data-bbox="613 1780 1437 1881">The efficacy and/or utility of plasma BNP level as a monitor of the degree of CHF or the efficiency of CHF treatment has not been established. Treatment guided by BNP has not been shown to be</p>

Indications and Limitations

Test Name	Indications/Limitations
B-type Natriuretic Peptide <i>Policy L31570</i>	<p>superior to symptom-guided treatment in either clinical or quality of life outcomes. Therefore, BNP measurements for monitoring and management of CHF are non-covered.</p> <p>The efficacy but not the utility of BNP as a risk stratification tool (to assess risk of death, myocardial infarction or congestive heart failure) among patients with acute coronary syndrome (myocardial infarction with or without T-wave elevation and unstable angina) has been established. However, the assessment of BNP level has not been shown to alter patient management. The BNP is not sufficiently sensitive to either preclude or necessitate any other evaluation or treatment in this group of patients.</p> <p>Screening examinations are statutorily non-covered.</p>

Indications and Limitations

Test Name	Indications/Limitations
Blood Counts <i>Policy 190.15</i>	<p data-bbox="610 296 748 321">Indications</p> <p data-bbox="610 344 1398 411">Indications for a CBC or hemogram include red cell, platelet, and white cell disorders. Examples are enumerated individually below.</p> <ol data-bbox="610 432 1422 1879" style="list-style-type: none"><li data-bbox="610 432 1422 674">1. Indications for a CBC generally include the evaluation of bone marrow dysfunction as a result of neoplasms, therapeutic agents, exposure to toxic substances, or pregnancy. The CBC is also useful in assessing peripheral destruction of blood cells, suspected bone marrow failure or bone marrow infiltrate, suspected myeloproliferative, myelodysplastic, or lymphoproliferative processes, and immune disorders.<li data-bbox="610 695 1422 1262">2. Indications for hemogram or CBC related to red cell (RBC) parameters of the hemogram include signs, symptoms, test results, illness, or disease that can be associated with anemia or other red blood cell disorder (e.g., pallor, weakness, fatigue, weight loss, bleeding, acute injury associated with blood loss or suspected blood loss, abnormal menstrual bleeding, hematuria, hematemesis, hematochezia, positive fecal occult blood test, malnutrition, vitamin deficiency, malabsorption, neuropathy, known malignancy, presence of acute or chronic disease that may have associated anemia, coagulation or hemostatic disorders, postural dizziness, syncope, abdominal pain, change in bowel habits, chronic marrow hypoplasia or decreased RBC production, tachycardia, systolic heart murmur, congestive heart failure, dyspnea, angina, nailbed deformities, growth retardation, jaundice, hepatomegaly, splenomegaly, lymphadenopathy, ulcers on the lower extremities).<li data-bbox="610 1283 1422 1879">3. Indications for hemogram or CBC related to red cell (RBC) parameters of the hemogram include signs, symptoms, test results, illness, or disease that can be associated with polycythemia (for example, fever, chills, ruddy skin, conjunctival redness, cough, wheezing, cyanosis, clubbing of the fingers, orthopnea, heart murmur, headache, vague cognitive changes including memory changes, sleep apnea, weakness, pruritus, dizziness, excessive sweating, visual symptoms, weight loss, massive obesity, gastrointestinal bleeding, paresthesias, dyspnea, joint symptoms, epigastric distress, pain and erythema of the fingers or toes, venous or arterial thrombosis, thromboembolism, myocardial infarction, stroke, transient ischemic attacks, congenital heart disease, chronic obstructive pulmonary disease, increased erythropoietin production associated with neoplastic, renal or hepatic disorders, androgen or diuretic use, splenomegaly, hepatomegaly, diastolic hypertension.)

Indications and Limitations

Test Name	Indications/Limitations
Blood Counts <i>Policy 190.15</i>	<ol style="list-style-type: none"><li data-bbox="609 275 1442 840">4. Specific indications for CBC with differential count related to the WBC include signs, symptoms, test results, illness, or disease associated with leukemia, infections or inflammatory processes, suspected bone marrow failure or bone marrow infiltrate, suspected myeloproliferative, myelodysplastic or lymphoproliferative disorder, use of drugs that may cause leukopenia, and immune disorders (e.g., fever, chills, sweats, shock, fatigue, malaise, tachycardia, tachypnea, heart murmur, seizures, alterations of consciousness, meningismus, pain such as headache, abdominal pain, arthralgia, odynophagia, or dysuria, redness or swelling of skin, soft tissue bone, or joint, ulcers of the skin or mucous membranes, gangrene, mucous membrane discharge, bleeding, thrombosis, respiratory failure, pulmonary infiltrate, jaundice, diarrhea, vomiting, hepatomegaly, splenomegaly, lymphadenopathy, opportunistic infection such as oral candidiasis.)<li data-bbox="609 856 1442 1386">5. Specific indications for CBC related to the platelet count include signs, symptoms, test results, illness, or disease associated with increased or decreased platelet production and destruction, or platelet dysfunction(e.g., gastrointestinal bleeding, genitourinary tract bleeding, bilateral epistaxis, thrombosis, ecchymosis, purpura, jaundice, petechiae, fever, heparin therapy, suspected DIC, shock, pre-eclampsia, neonate with maternal ITP, massive transfusion, recent platelet transfusion, cardiopulmonary bypass, hemolytic uremic syndrome, renal diseases, lymphadenopathy, hepatomegaly, splenomegaly, hypersplenism, neurologic abnormalities, viral or other infection, myeloproliferative, myelodysplastic, or lymphoproliferative disorder, thrombosis, exposure to toxic agents, excessive alcohol ingestion, autoimmune disorders (SLE, RA and other).<li data-bbox="609 1402 1442 1543">6. Indications for hemogram or CBC related to red cell (RBC) parameters of the hemogram include, in addition to those already listed, thalassemia, suspected hemoglobinopathy, lead poisoning, arsenic poisoning, and spherocytosis.<li data-bbox="609 1560 1442 1701">7. Specific indications for CBC with differential count related to the WBC include, in addition to those already listed, storage diseases/mucopolysaccharidoses, and use of drugs that cause leukocytosis such as G-CSF or GM-CSF.<li data-bbox="609 1717 1442 1827">8. Specific indications for CBC related to platelet count include, in addition to those already listed, May-Hegglin syndrome and Wiskott-Aldrich syndrome.

Indications and Limitations

Test Name	Indications/Limitations
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Limitations

1. Testing of patients who are asymptomatic, or who do not have a condition that could be expected to result in a hematological abnormality, is screening and is not a covered service.
2. In some circumstances it may be appropriate to perform only a hemoglobin or hematocrit to assess the oxygen carrying capacity of the blood. When the ordering provider requests only a hemoglobin or hematocrit, the remaining components of the CBC are not covered.
3. When a blood count is performed for an end-stage renal disease (ESRD) patient, and is billed outside the ESRD rate, documentation of the medical necessity for the blood count must be submitted with the claim.
4. In some patients presenting with certain signs, symptoms or diseases, a single CBC may be appropriate. Repeat testing may not be indicated unless abnormal results are found, or unless there is a change in clinical condition. If repeat testing is performed, a more descriptive diagnosis code (e.g., anemia) should be reported to support medical necessity. However, repeat testing may be indicated where results are normal in patients with conditions where there is a continued risk for the development of hematologic abnormality.

CA 125
Policy 190.28

Indications

CA 125 is a high molecular weight serum tumor marker elevated in 80% of patients who present with epithelial ovarian carcinoma. It is also elevated in carcinomas of the fallopian tube, endometrium, and endocervix. An elevated level may also be associated with the presence of a malignant mesothelioma *or primary peritoneal carcinoma*.

A CA125 level may be obtained as part of the initial pre-operative work-up for women presenting with a suspicious pelvic mass to be used as a baseline for purposes of post-operative monitoring. Initial declines in CA 125 after initial surgery and/or chemotherapy for

Indications and Limitations

Test Name	Indications/Limitations
CA 125 <i>Policy 190.28</i>	<p>ovarian carcinoma are also measured by obtaining three serum levels during the first month post treatment to determine the patient's CA 125 half-life, which has significant prognostic implications.</p> <p><i>The CA 125 levels are again obtained at the completion of chemotherapy as an index of residual disease. Surveillance CA125 measurements are generally obtained every 3 months for 2 years, every 6 months for the next 3 years, and yearly thereafter. CA 125 levels are also an important indicator of a patient's response to therapy in the presence of advanced or recurrent disease. In this setting, CA 125 levels may be obtained prior to each treatment cycle.</i></p> <p>Limitations</p> <p>These services are not covered for the evaluation of patients with signs or symptoms suggestive of malignancy. The service may be ordered at times necessary to assess either the presence of recurrent disease or the patient's response to treatment with subsequent treatment cycles.</p> <p><i>The CA 125 is specifically not covered for aiding in the differential diagnosis of patients with a pelvic mass as the sensitivity and specificity of the test is not sufficient. In general, a single "tumor marker" will suffice in following a patient with one of these malignancies.</i></p>
CA 15-3 (27.29) <i>Policy 190.29</i>	<p>Indications</p> <p>Multiple tumor markers are available for monitoring the response of certain malignancies to therapy and assessing whether residual tumor exists post-surgical therapy.</p> <p>CA 15-3 is often medically necessary to aid in the management of patients with breast cancer. Serial testing must be used in conjunction with other clinical methods for monitoring breast cancer. For monitoring, if medically necessary, use consistently either CA 15-3 or CA 27.29, not both.</p> <p>CA 27.29 is equivalent to CA 15-3 in its usage in management of patients with breast cancer.</p> <p>Limitations</p> <p>These services are not covered for the evaluation of patients with signs or symptoms suggestive of malignancy. The service may be ordered at times necessary to assess either the presence of recurrent disease or the patient's response to treatment with subsequent treatment cycles.</p>

Indications and Limitations

Test Name	Indications/Limitations
CA 19-9 <i>Policy 190.30</i>	<p>Indications</p> <p>Multiple tumor markers are available for monitoring the response of certain malignancies to therapy and assessing whether residual tumor exists post-surgical therapy.</p> <p>Levels are useful in following the course of patients with established diagnosis of pancreatic and biliary ductal carcinoma. The test is not indicated for diagnosing these two diseases.</p> <p>Limitations</p> <p>These services are not covered for the evaluation of patients with signs or symptoms suggestive of malignancy. The service may be ordered at times necessary to assess either the presence of recurrent disease or the patient's response to treatment with subsequent treatment cycles.</p>
Carcinoembryonic Antigen (CEA) <i>Policy 190.26</i>	<p>Indications</p> <p>CEA may be medically necessary for follow-up of patients with colorectal carcinoma. It would however only be medically necessary at treatment decision-making points. In some clinical situations (e.g. adenocarcinoma of the lung, small cell carcinoma of the lung, and some gastrointestinal carcinomas) when a more specific marker is not expressed by the tumor, CEA may be a medically necessary alternative marker for monitoring. Preoperative CEA may also be helpful in determining the post-operative adequacy of surgical resection and subsequent medical management. In general, a single tumor marker will suffice in following patients with colorectal carcinoma or other malignancies that express such tumor markers.</p> <p>In following patients who have had treatment for colorectal carcinoma, ASCO guideline suggests that if resection of liver metastasis would be indicated, it is recommended that post-operative CEA testing be performed every two to three months in patients with initial stage II or stage III disease for at least two years after diagnosis.</p> <p>For patients with metastatic solid tumors which express CEA, CEA may be measured at the start of the treatment and with subsequent treatment cycles to assess the tumor's response to therapy.</p> <p>Limitations</p> <p>Serum CEA determinations are generally not indicated more frequently than once per chemotherapy treatment cycle for patients with metastatic solid tumors which express CEA or every two months post-surgical treatment for patients who have had colorectal carcinoma. However, it may be proper to order the test</p>

Indications and Limitations

Test Name	Indications/Limitations
Carcinoembryonic Antigen (CEA) <i>Policy 190.26</i>	<p>more frequently in certain situations, for example, when there has been a significant change from prior CEA level or a significant change in patient status which could reflect disease progression or recurrence.</p> <p>Testing with a diagnosis of an in situ carcinoma is not reasonably done more frequently than once, unless the result is abnormal, in which case the test may be repeated once.</p>

Collagen Cross Links <i>Policy 190.19</i>	Indications
	<p>Generally speaking, collagen crosslink testing is useful mostly in "fast losers" of bone. The age when these bone markers can help direct therapy is often pre-Medicare. By the time a fast loser of bone reaches age 65, she will most likely have been stabilized by appropriate therapy or have lost so much bone mass that further testing is useless. Coverage for bone marker assays may be established, however, for younger Medicare beneficiaries and for those men and women who might become fast losers because of some other therapy such as glucocorticoids. Safeguards should be incorporated to prevent excessive use of tests in patients for whom they have no clinical relevance.</p> <p>Collagen crosslinks testing is used to:</p> <ol style="list-style-type: none">1. Identify individuals with elevated bone resorption, who have osteoporosis in whom response to treatment is being monitored;2. Predict response (as assessed by bone mass measurements) to FDA approved antiresorptive therapy in postmenopausal women; and3. Assess response to treatment of patients with osteoporosis, Paget's disease of the bone, or risk for osteoporosis where treatment may include FDA approved antiresorptive agents, anti-estrogens or selective estrogen receptor moderators. <p>Limitations</p> <p>Because of significant specimen to specimen collagen crosslink physiologic variability (15-20%), current recommendations for appropriate utilization include: one or two base-line assays from specified urine collections on separate days; followed by a repeat assay about three months after starting anti-resorptive therapy; followed by a repeat assay in 12 months after the three-month assay; and thereafter not more than annually, unless there is a change in therapy in which circumstance an additional test may be indicated three months after the initiation of new therapy.</p>

Indications and Limitations

Test Name	Indications/Limitations
Cytogenetics <i>Policy L23846</i>	<p>Cytogenetics is the study of chromosomes by light or fluorescent microscopy. Cytogenetic testing is used to study an individual's chromosome makeup. The term karyotyping refers to the arrangement of nucleus chromosomes in order from the largest to the smallest to analyze their number and structure. Cytogenetic testing involves the determination of chromosome number and structure; variations in either can produce numerous physical abnormalities. With cytogenetic testing, the total chromosome count is determined first, followed by the sex chromosome complement and then by any abnormalities. A normal karyotype of chromosomes consists of a pattern of 22 pairs of autosomal chromosomes and a pair of sex chromosomes: XY for the male and XX for the female. A plus (+) or minus (-) sign indicates, respectively, a gain or loss of chromosomal material.</p> <p>Specimens for cytogenetic analysis can be obtained for routine analysis from the peripheral blood, in which case T lymphocytes are examined; from amniotic fluid for culture of amniocytes; from trophoblastic cells from the chorionic villus; from bone marrow; from solid tumors, and from cultured fibroblasts, usually obtained from a skin biopsy. Enough cells must be examined so that the chance of missing a cytogenetically distinct cell line (a situation of mosaicism) is statistically low. For most clinical indications, 20 mitoses are examined and counted under direct microscopic visualization, and two are photographed or digitalized and karyotypes are prepared. Observation of aberrations usually prompts more extended scrutiny, and in many cases, further analysis of the original culture.</p> <p>Per Medicare National Coverage Determinations (NCD) Manual, 100-3, Section 190.3:</p> <p>“Medicare covers these tests when they are reasonable and necessary for the diagnosis or treatment of the following conditions:</p> <ul style="list-style-type: none">● Genetic disorders (e.g., mongolism) in a fetus; (See the Medicare Benefit Policy Chapter 15, "Covered Medical and Other Health Services," §20.1)● Failure of sexual development; or● Chronic myelogenous leukemia.● Acute leukemias, lymphoid (FAB L1-L3), myeloid (FAB M0-M7) and unclassified; or● Myelodysplasia.” (End of Quote) <p>The above quotation obligates the carrier to cover the listed</p>

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<p>Cytogenetics <i>Policy L23846</i></p>	<p>diagnoses but does not limit coverage to that list. Further, genetic disorders and failure of sexual development involve chromosomal abnormalities that are stable over time, and, accordingly, payment for cytogenetic studies for these abnormalities will be allowed once per lifetime. This is in contrast to the malignancies, where repeated cytogenetic studies may be appropriate. At the present time, it should be noted that, even in cases of genetic disorders, the general policy limitation is for once per lifetime testing. When clinically-relevant technological advances (such as with FISH testing), are available, and repeat testing is believed to be medically reasonable and necessary, such claims must be billed using an additional ICD-9-CM code. (See the section titled ICD-9-CM Codes that Support Medical Necessity and attached Coding Guidelines for additional information.)</p> <p>Since “Urovysion”, a proprietary test for recurrent bladder cancer identification and monitoring, utilizes multiple probes, which are applied simultaneously, it is not, strictly speaking, correctly identified by any of the CPT codes included in this LCD. Therefore, it is not considered a part of this policy. Utilization and billing guidelines for this testing modality are published elsewhere by NAS.</p> <p>NAS finds little evidence in the literature that consistent chromosomal abnormalities in the conditions of polycythemia vera, agnogenic myeloid metaplasia, idiopathic thrombocytopenia and multiple myeloma are known, or that their identification is likely to affect patient care; consequently, these are considered to be payable diagnoses only when the medical record contains clear, unequivocal documentation that this testing is medically reasonable and necessary for the individual case under consideration.</p> <p>Concerning the testing of HER-2/neu antibodies, Noridian believes that current literature amply supports the notion that HER-2/neu tests on histological sections of breast cancers may, in the appropriate clinical settings, provide useful prognostic information and therapeutic indications for treating metastatic disease with anti-HER-2/neu antibodies. For this or any other medically necessary use of in situ hybridization (FISH) testing, for dates of service on or after January 1, 2005, quantitative or semi-quantitative in situ hybridization (tissue or cellular) performed by computer-assisted technology should be reported as CPT code 88367 when performed by a physician (limited to M.D./D.O.). Beginning January 1, 2005, quantitative or semi-quantitative in situ hybridization (tissue or cellular) performed by manual methods should be reported as CPT code 88368 when performed by a physician (limited to M.D./D.O.).</p>

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Test Name	Indications/Limitations
Cytogenetics <i>Policy L23846</i>	<p>Do not report CPT code 88365 with CPT codes 88367 or 88368 for the same probe. Only one unit of service may be reported for CPT code 88365, 88367 or 88368 for each reportable probe. These codes include both a professional component and a technical component.</p> <p>When a test for HER-2/neu protein over expression is performed using an immunocytochemistry technique, the test should be billed as 88342, immunocytochemistry. Thus, other CPT codes listed in the CPT/HCPCS Codes section of this policy should not be used when billing for HER-2/neu antibodies.</p> <p>Since there is no current provider category for PhD Geneticists, notwithstanding the certainty that such providers are capable of demonstrating superb training and expertise, Medicare Contractors do not have the authority to create a provider category to allow payment for their services. We encourage these providers to continue discussion with CMS in this regard.</p> <p>NAS recognizes that Cytogenetic Testing is an emerging technology with rapidly expanding indications and will accept recommendations to reconsider the list of covered diagnoses. However, these requests for reconsideration must be submitted as a formal reconsideration (See www.noridianmedicare.com for the reconsideration process.) and must be accompanied by complete copies of relevant peer-reviewed literature that support the recommendation.</p> <p>Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review.</p>

Digoxin <i>Policy 190.24</i>	Indications <p>Digoxin levels may be performed to monitor drug levels of individuals receiving digoxin therapy because the margin of safety between side effects and toxicity is narrow or because the blood level may not be high enough to achieve the desired clinical effect.</p> <p>Clinical indications may include individuals on digoxin:</p> <ul style="list-style-type: none">• With symptoms, signs or electrocardiogram (ECG) suggestive of digoxin toxicity.• Taking medications that influence absorption, bioavailability, distribution, and/or elimination of digoxin.• With impaired renal, hepatic, gastrointestinal, or thyroid function.• With pH and/or electrolyte abnormalities.• With unstable cardiovascular status, including myocarditis.• Requiring monitoring of patient compliance.
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Indications and Limitations

Test Name	Indications/Limitations
Digoxin <i>Policy 190.24</i>	<p>Clinical indications may include individuals:</p> <ul style="list-style-type: none">• Suspected of accidental or intended overdose.• Who have an acceptable cardiac diagnosis (as listed) and for whom an accurate history of use of digoxin is unobtainable. <p>The value of obtaining regular serum digoxin levels is uncertain, but it may be reasonable to check levels once yearly after a steady state is achieved. In addition, it may be reasonable to check the level if:</p> <ul style="list-style-type: none">• Heart failure status worsens.• Renal function deteriorates.• Additional medications are added that could affect the digoxin level.• Signs or symptoms of toxicity develop. <p>Steady state will be reached in approximately 1 week in patients with normal renal function, although 2-3 weeks may be needed in patients with renal impairment. After changes in dosages or the addition of a medication that could affect the digoxin level, it is reasonable to check the digoxin level one week after the change or addition. Based on the clinical situation, in cases of digoxin toxicity, testing may need to be done more than once a week.</p> <p>Digoxin is indicated for the treatment of patients with heart failure due to systolic dysfunction and for reduction of the ventricular response in patients with atrial fibrillation or flutter. Digoxin may also be indicated for the treatment of other supraventricular arrhythmias, particularly in the presence of heart failure.</p> <p>Limitations</p> <p>This test is not appropriate for patients on digitoxin or treated with digoxin FAB (fragment antigen binding) antibody.</p>
Gamma Glutamyl Transferase (GGT) <i>Policy 190.32</i>	<p>Indications</p> <ol style="list-style-type: none">1. To provide information about known or suspected hepatobiliary disease, for example:<ol style="list-style-type: none">a. Following chronic alcohol or drug ingestion.b. Following exposure to hepatotoxins.c. When using medication known to have a potential for causing liver toxicity (e.g., following the drug manufacturer's recommendations).d. Following infection (e.g., viral hepatitis and other specific infections such as amoebiasis, tuberculosis, psittacosis, and similar infections).

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Test Name	Indications/Limitations
Gamma Glutamyl Transferase (GGT) <i>Policy 190.32</i>	<ol style="list-style-type: none">2. To assess liver injury/function following diagnosis of primary or secondary malignant neoplasms.3. To assess liver injury/function in a wide variety of disorders and diseases known to cause liver involvement (e.g., diabetes mellitus, malnutrition, disorders of iron and mineral metabolism, sarcoidosis, amyloidosis, lupus, and hypertension).4. To assess liver function related to gastrointestinal disease.5. To assess liver function related to pancreatic disease.6. To assess liver function in patients subsequent to liver transplantation.7. To differentiate between the different sources of elevated alkaline phosphatase activity. <p>Limitations</p> <p>When used to assess liver dysfunction secondary to existing non-hepatobiliary disease with no change in signs, symptoms, or treatment, it is generally not necessary to repeat a GGT determination after a normal result has been obtained unless new indications are present.</p> <p>If the GGT is the only "liver" enzyme abnormally high, it is generally not necessary to pursue further evaluation for liver disease for this specific indication.</p> <p>When used to determine if other abnormal enzyme tests reflect liver abnormality rather than other tissue, it generally is not necessary to repeat a GGT more than one time per week.</p> <p>Because of the extreme sensitivity of GGT as a marker for cytochrome oxidase induction or cell membrane permeability, it is generally not useful in monitoring patients with known liver disease.</p>
Genetic Testing <i>Policy L23664</i>	<p>Screening services, such as pre-symptomatic genetic tests and services, are those used to detect an undiagnosed disease or disease predisposition, and as such are not a Medicare benefit and not covered by Medicare. Similarly, Medicare may not reimburse the costs of tests/examinations that assess the risk for and/or of a condition unless the risk assessment clearly and directly effects the management of the patient. However, Medicare does cover a broad range of legislatively mandated preventive services to prevent disease, detect disease early when it is most treatable and curable, and manage disease so that complications can be avoided. These services can be found on the CMS website at http://new.cms.hhs.gov/PrevntionGenInfo/. Any preventive services and tests not listed on the CMS Preventive Services webpage are</p>

Indications and Limitations

Test Name	Indications/Limitations
Genetic Testing <i>Policy L23664</i>	considered non-covered screening (preventive) tests or services which are not a benefit of the Medicare program.
Glucose <i>Policy 190.20</i>	<p data-bbox="605 380 748 411">Indications</p> <p data-bbox="605 432 1429 961">Blood glucose values are often necessary for the management of patients with diabetes mellitus, where hyperglycemia and hypoglycemia are often present. They are also critical in the determination of control of blood glucose levels in the patient with impaired fasting glucose (FPG 110-125 mg/dL), the patient with insulin resistance syndrome and/or carbohydrate intolerance (excessive rise in glucose following ingestion of glucose or glucose sources of food), in the patient with a hypoglycemia disorder such as nesidioblastosis or insulinoma, and in patients with a catabolic or malnutrition state. In addition to those conditions already listed, glucose testing may be medically necessary in patients with tuberculosis, unexplained chronic or recurrent infections, alcoholism, coronary artery disease (especially in women), or unexplained skin conditions (including pruritis, local skin infections, ulceration and gangrene without an established cause).</p> <p data-bbox="605 982 1429 1188">Many medical conditions may be a consequence of a sustained elevated or depressed glucose level. These include comas, seizures or epilepsy, confusion, abnormal hunger, abnormal weight loss or gain, and loss of sensation. Evaluation of glucose may also be indicated in patients on medications known to affect carbohydrate metabolism.</p> <p data-bbox="605 1209 1429 1415">Effective January 1, 2005, the Medicare law expanded coverage to diabetic screening services. Some forms of blood glucose testing covered under this national coverage determination may be covered for screening purposes subject to specified frequencies. See 42 CFR 410.18 and section 90, chapter 18, of the Claims Processing Manual, for a full description of this screening benefit.</p> <p data-bbox="605 1436 748 1467">Limitations</p> <p data-bbox="605 1488 1429 1665">Frequent home blood glucose testing by diabetic patients should be encouraged. In stable, non-hospitalized patients who are unable or unwilling to do home monitoring, it may be reasonable and necessary to measure quantitative blood glucose up to four times annually.</p> <p data-bbox="605 1686 1429 1820">Depending upon the age of the patient, type of diabetes, degree of control, complications of diabetes, and other co-morbid conditions, more frequent testing than four times annually may be reasonable and necessary.</p> <p data-bbox="605 1841 1429 1873">In some patients presenting with nonspecific signs, symptoms, or</p>

Indications and Limitations

Test Name	Indications/Limitations
Glucose <i>Policy 190.20</i>	diseases not normally associated with disturbances in glucose metabolism, a single blood glucose test may be medically necessary. Repeat testing may not be indicated unless abnormal results are found or unless there is a change in clinical condition. If repeat testing is performed, a specific diagnosis code (e.g., diabetes) should be reported to support medical necessity. However, repeat testing may be indicated where results are normal in patients with conditions where there is a confirmed continuing risk of glucose metabolism abnormality (e.g., monitoring glucocorticoid therapy).
Glycated Protein/ Glycohemoglobin <i>Policy 190.21</i>	<p data-bbox="613 632 748 657">Indications</p> <p data-bbox="613 684 1437 961">Glycated hemoglobin/protein testing is widely accepted as medically necessary for the management and control of diabetes. It is also valuable to assess hyperglycemia, a history of hyperglycemia or dangerous hypoglycemia. Glycated protein testing may be used in place of glycated hemoglobin in the management of diabetic patients, and is particularly useful in patients who have abnormalities of erythrocytes such as hemolytic anemia or hemoglobinopathies.</p> <p data-bbox="613 982 748 1008">Limitations</p> <p data-bbox="613 1035 1437 1455">It is not considered reasonable and necessary to perform glycated hemoglobin tests more often than every three months on a controlled diabetic patient to determine whether the patient's metabolic control has been on average within the target range. It is not considered reasonable and necessary for these tests to be performed more frequently than once a month for diabetic pregnant women. Testing for uncontrolled type one or two diabetes mellitus may require testing more than four times a year. The above Description Section provides the clinical basis for those situations in which testing more frequently than four times per annum is indicated, and medical necessity documentation must support such testing in excess of the above guidelines.</p> <p data-bbox="613 1476 1437 1896">Many methods for the analysis of glycated hemoglobin show significant interference from elevated levels of fetal hemoglobin or by variant hemoglobin molecules. When the glycated hemoglobin assay is initially performed in these patients, the laboratory may inform the ordering physician of a possible analytical interference. Alternative testing, including glycated protein, for example, fructosamine, may be indicated for the monitoring of the degree of glycemic control in this situation. It is therefore conceivable that a patient will have both a glycated hemoglobin and glycated protein ordered on the same day. This should be limited to the initial assay of glycated hemoglobin, with subsequent exclusive use of glycated protein. These tests are not considered to be medically necessary for</p>

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Test Name	Indications/Limitations
Glycated Protein/ Glycohemoglobin <i>Policy 190.21</i>	the diagnosis of diabetes.
Gonadotropin, Chorionic (hCG) <i>Policy 190.27</i>	<p>Indications</p> <p>hCG is useful for monitoring and diagnosis of germ cell neoplasms of the ovary, testis, mediastinum, retroperitoneum, and central nervous system. In addition, hCG is useful for monitoring pregnant patients with vaginal bleeding, hypertension and/or suspected fetal loss.</p> <p>Limitations</p> <p>It is not reasonable and necessary to perform hCG testing more than once per month for diagnostic purposes. It may be performed as needed for monitoring of patient progress and treatment. Qualitative hCG assays are not appropriate for medically managing patients with known or suspected germ cell neoplasms.</p>
Hepatitis Panel <i>Policy 190.33</i>	<p>Indications</p> <ol style="list-style-type: none">1. To detect viral hepatitis infection when there are abnormal liver function test results, with or without signs or symptoms of hepatitis.2. Prior to and subsequent to liver transplantation. <p>Limitations</p> <p>After a hepatitis diagnosis has been established, only individual tests, rather than the entire panel, are needed.</p>
HIV Testing; Diagnosis <i>Policy 190.14</i>	<p>Indications</p> <p>Diagnostic testing to establish HIV infection may be indicated when there is a strong clinical suspicion supported by one or more of the following clinical findings:</p> <ol style="list-style-type: none">1. The patient has a documented, otherwise unexplained, AIDS-defining or AIDS-associated opportunistic infection.2. The patient has another documented sexually transmitted disease which identifies significant risk of exposure to HIV and the potential for an early or subclinical infection.3. The patient has documented acute or chronic hepatitis B or C infection that identifies a significant risk of exposure to HIV and the potential for an early or subclinical infection.4. The patient has a documented AIDS-defining or AIDS-associated neoplasm.

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Test Name	Indications/Limitations
HIV Testing; Diagnosis <i>Policy 190.14</i>	<ol style="list-style-type: none">5. The patient has a documented AIDS-associated neurologic disorder or otherwise unexplained dementia.6. The patient has another documented AIDS-defining clinical condition, or a history of other severe, recurrent, or persistent conditions which suggest an underlying immune deficiency (for example, cutaneous or mucosal disorders).7. The patient has otherwise unexplained generalized signs and symptoms suggestive of a chronic process with an underlying immune deficiency (for example, fever, weight loss, malaise, fatigue, chronic diarrhea, failure to thrive, chronic cough, hemoptysis, shortness of breath, or lymphadenopathy).8. The patient has otherwise unexplained laboratory evidence of a chronic disease process with an underlying immune deficiency (for example, anemia, leukopenia, pancytopenia, lymphopenia, or low CD4+ lymphocyte count).9. The patient has signs and symptoms of acute retroviral syndrome with fever, malaise, lymphadenopathy, and skin rash.10. The patient has documented exposure to blood or body fluids known to be capable of transmitting HIV (for example, needlesticks and other significant blood exposures) and antiviral therapy is initiated or anticipated to be initiated.11. The patient is undergoing treatment for rape. (HIV testing is a part of the rape treatment protocol.)
	Limitations <ol style="list-style-type: none">1. HIV antibody testing in the United States is usually performed using HIV-1 or HIV-2 combination tests. HIV-2 testing is indicated if clinical circumstances suggest HIV-2 is likely (that is, compatible clinical findings and HIV-1 test negative). HIV-2 testing may also be indicated in areas of the country where there is greater prevalence of HIV-2 infections.2. The Western Blot test should be performed only after documentation that the initial EIA tests are repeatedly positive or equivocal on a single sample.3. The HIV antigen tests currently have no defined diagnostic usage.4. Direct viral RNA detection may be performed in those situations where serologic testing does not establish a diagnosis but strong clinical suspicion persists (for example, acute retroviral syndrome, nonspecific serologic evidence of HIV, or perinatal HIV infection).

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Test Name	Indications/Limitations
HIV Testing; Diagnosis <i>Policy 190.14</i>	<ol style="list-style-type: none">5. If initial serologic tests confirm an HIV infection, repeat testing is not indicated.6. If initial serologic tests are HIV EIA negative and there is no indication for confirmation of infection by viral RNA detection, the interval prior to retesting is 3-6 months.7. Testing for evidence of HIV infection using serologic methods may be medically appropriate in situations where there is a risk of exposure to HIV. However, in the absence of a documented AIDS defining or HIV- associated disease, an HIV associated sign or symptom, or documented exposure to a known HIV-infected source, the testing is considered by Medicare to be screening and thus is not covered by Medicare (for example, history of multiple blood component transfusions, exposure to blood or body fluids not resulting in consideration of therapy, history of transplant, history of illicit drug use, multiple sexual partners, same-sex encounters, prostitution, or contact with prostitutes).8. The CPT Editorial Panel has issued a number of codes for infectious agent detection by direct antigen or nucleic acid probe techniques that have not yet been developed or are only being used on an investigational basis. Laboratory providers are advised to remain current on FDA-approval status for these tests.
HIV Testing; Prognosis <i>Policy 190.13</i>	<p>Indications</p> <ol style="list-style-type: none">1. A plasma HIV RNA baseline level may be medically necessary in any patient with confirmed HIV infection.2. Regular periodic measurement of plasma HIV RNA levels may be medically necessary to determine risk for disease progression in an HIV-infected individual and to determine when to initiate or modify antiretroviral treatment regimens.3. In clinical situations where the risk of HIV infection is significant and initiation of therapy is anticipated, a baseline HIV quantification may be performed. These situations include:<ol style="list-style-type: none">a. Persistence of borderline or equivocal serologic reactivity in an at-risk individual.b. Signs and symptoms of acute retroviral syndrome characterized by fever, malaise, lymphadenopathy and rash in an at-risk individual. <p>Limitations</p> <ol style="list-style-type: none">1. Viral quantification may be appropriate for prognostic use including baseline determination, periodic monitoring, and

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Test Name	Indications/Limitations
HIV Testing; Prognosis <i>Policy 190.13</i>	<p>monitoring of response to therapy. Use as a diagnostic test method is not indicated.</p> <ol style="list-style-type: none">2. Measurement of plasma HIV RNA levels should be performed at the time of establishment of an HIV infection diagnosis. For an accurate baseline, 2 specimens in a 2-week period are appropriate.3. For prognosis including anti-retroviral therapy monitoring, regular, periodic measurements are appropriate. The frequency of viral load testing should be consistent with the most current Centers for Disease Control and Prevention guidelines for use of anti-retroviral agents in adults and adolescents or pediatrics.4. Because differences in absolute HIV copy number are known to occur using different assays, plasma HIV RNA levels should be measured by the same analytical method. A change in assay method may necessitate re-establishment of a baseline.5. Nucleic acid quantification techniques are representative of rapidly emerging and evolving new technologies. As such, users are advised to remain current on FDA-approval status.

Iron Studies <i>Policy 190.18</i>	Indications <ol style="list-style-type: none">1. Ferritin, iron and either iron binding capacity or transferrin are useful in the differential diagnosis of iron deficiency, anemia, and for iron overload conditions.<ol style="list-style-type: none">a. The following presentations are examples that may support the use of these studies for evaluating iron deficiency: certain abnormal blood count values (i.e., decreased mean corpuscular volume (MCV), decreased hemoglobin/hematocrit when the MCV is low or normal, or increased red cell distribution width (RDW) and low or normal MCV); abnormal appetite (pica); acute or chronic gastrointestinal blood loss; hematuria; menorrhagia; malabsorption; status post-gastrectomy; status post-gastrojejunostomy; malnutrition; preoperative autologous blood collection(s); malignant, chronic inflammatory and infectious conditions associated with anemia which may present in a similar manner to iron deficiency anemia; following a significant surgical procedure where blood loss had occurred and had not been repaired with adequate iron replacement.b. The following presentations are examples that may support the use of these studies for evaluating iron overload: chronic hepatitis; diabetes;
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Test Name	Indications/Limitations
Iron Studies <i>Policy 190.18</i>	<p>hyperpigmentation of skin; arthropathy; cirrhosis; hypogonadism; hypopituitarism; impaired porphyrin metabolism; heart failure; multiple transfusions; sideroblastic anemia; thalassemia major; cardiomyopathy, cardiac dysrhythmias and conduction disturbances.</p> <ol style="list-style-type: none">2. Follow-up testing may be appropriate to monitor response to therapy, e.g., oral or parenteral iron, ascorbic acid, and erythropoietin.3. Iron studies may be appropriate in patients after treatment for other nutritional deficiency anemias, such as folate and vitamin B12, because iron deficiency may not be revealed until such a nutritional deficiency is treated.4. Serum ferritin may be appropriate for monitoring iron status in patients with chronic renal disease with or without dialysis.5. Serum iron may also be indicated for evaluation of toxic effects of iron and other metals (e.g., nickel, cadmium, aluminum, lead) whether due to accidental, intentional exposure or metabolic causes. <p>Limitations</p> <ol style="list-style-type: none">1. Iron studies should be used to diagnose and manage iron deficiency or iron overload states. These tests are not to be used solely to assess acute phase reactants where disease management will be unchanged. For example, infections and malignancies are associated with elevations in acute phase reactants such as ferritin, and decreases in serum iron concentration, but iron studies would only be medically necessary if results of iron studies might alter the management of the primary diagnosis or might warrant direct treatment of an iron disorder or condition.2. If a normal serum ferritin level is documented, repeat testing would not ordinarily be medically necessary unless there is a change in the patient's condition, and ferritin assessment is needed for the ongoing management of the patient. For example, a patient presents with new onset insulin-dependent diabetes mellitus and has a serum ferritin level performed for the suspicion of hemochromatosis. If the ferritin level is normal, the repeat ferritin for diabetes mellitus would not be medically necessary.3. When an End Stage Renal Disease (ESRD) patient is tested for ferritin, testing more frequently than every three months requires documentation of medical necessity (e.g., other

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Test Name	Indications/Limitations
Iron Studies <i>Policy 190.18</i>	<p>than chronic renal failure or renal failure, unspecified).</p> <ol style="list-style-type: none">4. It is ordinarily not necessary to measure both transferrin and TIBC at the same time because TIBC is an indirect measure of transferrin. When transferrin is ordered as part of the nutritional assessment for evaluating malnutrition, it is not necessary to order other iron studies unless iron deficiency or iron overload is suspected as well.5. It is not ordinarily necessary to measure both iron/TIBC (or transferrin) and ferritin in initial patient testing. If clinically indicated after evaluation of the initial iron studies, it may be appropriate to perform additional iron studies either on the initial specimen or on a subsequently obtained specimen. After a diagnosis of iron deficiency or iron overload is established, either iron/TIBC (or transferrin) or ferritin may be medically necessary for monitoring, but not both.6. It would not ordinarily be considered medically necessary to do a ferritin as a preoperative test except in the presence of anemia or recent autologous blood collections prior to the surgery.
Lipid Testing <i>Policy 190.23</i>	<p>Indications</p> <p>The medical community recognizes lipid testing as appropriate for evaluating atherosclerotic cardiovascular disease. Conditions in which lipid testing may be indicated include:</p> <ul style="list-style-type: none">• Assessment of patients with atherosclerotic cardiovascular disease.• Evaluation of primary dyslipidemia.• Any form of atherosclerotic disease, or any disease leading to the formation of atherosclerotic disease.• Diagnostic evaluation of diseases associated with altered lipid metabolism, such as: nephrotic syndrome, pancreatitis, hepatic disease, and hypo and hyperthyroidism.• Secondary dyslipidemia, including diabetes mellitus, disorders of gastrointestinal absorption, chronic renal failure.• Signs or symptoms of dyslipidemias, such as skin lesions.• As follow-up to the initial screen for coronary heart disease (total cholesterol + HDL cholesterol) when total cholesterol is determined to be high (>240 mg/dL), or borderline-high (200-240 mg/dL) plus two or more coronary heart disease risk factors, or an HDL cholesterol, <35 mg/dl. <p>To monitor the progress of patients on anti-lipid dietary</p>

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Test Name	Indications/Limitations
Lipid Testing <i>Policy 190.23</i>	<p>management and pharmacologic therapy for the treatment of elevated blood lipid disorders, total cholesterol, HDL cholesterol and LDL cholesterol may be used. Triglycerides may be obtained if this lipid fraction is also elevated or if the patient is put on drugs (for example, thiazide diuretics, beta blockers, estrogens, glucocorticoids, and tamoxifen) which may raise the triglyceride level.</p> <p>When monitoring long term anti-lipid dietary or pharmacologic therapy and when following patients with borderline high total or LDL cholesterol levels, it may be reasonable to perform the lipid panel annually. A lipid panel at a yearly interval will usually be adequate while measurement of the serum total cholesterol or a measured LDL should suffice for interim visits if the patient does not have hypertriglyceridemia.</p> <p>Any one component of the panel or a measured LDL may be reasonable and necessary up to six times the first year for monitoring dietary or pharmacologic therapy. More frequent total cholesterol HDL cholesterol, LDL cholesterol and triglyceride testing may be indicated for marked elevations or for changes to anti-lipid therapy due to inadequate initial patient response to dietary or pharmacologic therapy. The LDL cholesterol or total cholesterol may be measured three times yearly after treatment goals have been achieved.</p> <p>Electrophoretic or other quantitation of lipoproteins may be indicated if the patient has a primary disorder of lipid metabolism.</p> <p>Effective January 1, 2005, the Medicare law expanded coverage to cardiovascular screening services. Several of the procedures included in this NCD may be covered for screening purposes subject to specified frequencies. See 42 CFR 410.17 and section 100, chapter 18, of the Claims Processing Manual, for a full description of this benefit.</p> <p>Limitations</p> <p>Lipid panel and hepatic panel testing may be used for patients with severe psoriasis which has not responded to conventional therapy and for which the retinoid etretinate has been prescribed and who have developed hyperlipidemia or hepatic toxicity. Specific examples include erythrodermia and generalized pustular type and psoriasis associated with arthritis.</p> <p>Routine screening and prophylactic testing for lipid disorder are not covered by Medicare. While lipid screening may be medically appropriate, Medicare by statute does not pay for it. Lipid testing in asymptomatic individuals is considered to be screening regardless of</p>

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Test Name	Indications/Limitations
Lipid Testing <i>Policy 190.23</i>	<p>the presence of other risk factors such as family history, tobacco use, etc.</p> <p>Once a diagnosis is established, one or several specific tests are usually adequate for monitoring the course of the disease. Less specific diagnoses (for example, other chest pain) alone do not support medical necessity of these tests.</p> <p>When monitoring long term anti-lipid dietary or pharmacologic therapy and when following patients with borderline high total or LDL cholesterol levels, it is reasonable to perform the lipid panel annually. A lipid panel at a yearly interval will usually be adequate while measurement of the serum total cholesterol or a measured LDL should suffice for interim visits if the patient does not have hypertriglyceridemia.</p> <p>Any one component of the panel or a measured LDL may be medically necessary up to six times the first year for monitoring dietary or pharmacologic therapy. More frequent total cholesterol HDL cholesterol, LDL cholesterol and triglyceride testing may be indicated for marked elevations or for changes to anti-lipid therapy due to inadequate initial patient response to dietary or pharmacologic therapy. The LDL cholesterol or total cholesterol may be measured three times yearly after treatment goals have been achieved.</p> <p>If no dietary or pharmacological therapy is advised, monitoring is not necessary.</p> <p>When evaluating non-specific chronic abnormalities of the liver (for example, elevations of transaminase, alkaline phosphatase, abnormal imaging studies, etc.), a lipid panel would generally not be indicated more than twice per year.</p>
Occult Blood, Fecal <i>Policy 190.34</i>	<p>Indications</p> <ol style="list-style-type: none">1. To evaluate known or suspected alimentary tract conditions that might cause bleeding into the intestinal tract.2. To evaluate unexpected anemia.3. To evaluate abnormal signs, symptoms, or complaints that might be associated with loss of blood.4. To evaluate patient complaints of black or red-tinged stools. <p>Limitations</p> <ol style="list-style-type: none">1. The FOBT is reported once for the testing of up to three separate specimens (comprising either one or two tests per specimen).2. In patients who are taking non-steroidal anti-inflammatory drugs

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Test Name	Indications/Limitations
Occult Blood, Fecal <i>Policy 190.34</i>	<p>and have a history of gastrointestinal bleeding but no other signs, symptoms, or complaints associated with gastrointestinal blood loss, testing for occult blood may generally be appropriate no more than once every three months.</p> <p>3. When testing is done for the purpose of screening for colorectal cancer in the absence of signs, symptoms, conditions, or complaints associated with gastrointestinal blood loss, report the HCPCS code for colorectal cancer screening; fecal-occult blood test, 1-3 simultaneous determinations should be used.</p>
Partial Thromboplastin Time (PTT) <i>Policy 190.16</i>	<p>Indications</p> <ol style="list-style-type: none"><li data-bbox="609 693 1437 903">1. The PTT is most commonly used to quantitate the effect of therapeutic unfractionated heparin and to regulate its dosing. Except during transitions between heparin and warfarin therapy, in general both the PTT and PT are not necessary together to assess the effect of anticoagulation therapy. PT and PTT must be justified separately.<li data-bbox="609 924 1437 1134">2. A PTT may be used to assess patients with signs or symptoms of hemorrhage or thrombosis. For example: abnormal bleeding, hemorrhage or hematoma petechiae or other signs of thrombocytopenia that could be due to disseminated intravascular coagulation; swollen extremity with or without prior trauma.<li data-bbox="609 1155 1437 1680">3. A PTT may be useful in evaluating patients who have a history of a condition known to be associated with the risk of hemorrhage or thrombosis that is related to the intrinsic coagulation pathway. Such abnormalities may be genetic or acquired. For example: dysfibrinogenemia; afibrinogenemia (complete); acute or chronic liver dysfunction or failure, including Wilson's disease; hemophilia; liver disease and failure; infectious processes; bleeding disorders; disseminated intravascular coagulation; lupus erythematosus or other conditions associated with circulating inhibitors, e.g., Factor VIII Inhibitor, lupus-like anticoagulant, etc.; sepsis; von Willebrand's disease; arterial and venous thrombosis, including the evaluation of hypercoagulable states; clinical conditions associated with nephrosis or renal failure; other acquired and congenital coagulopathies as well as thrombotic states.<li data-bbox="609 1701 1437 1906">4. A PTT may be used to assess the risk of thrombosis or hemorrhage in patients who are going to have a medical intervention known to be associated with increased risk of bleeding or thrombosis. An example is as follows: evaluation prior to invasive procedures or operations of patients with

Indications and Limitations

Test Name	Indications/Limitations
Partial Thromboplastin Time (PTT) <i>Policy 190.16</i>	<p>personal or family history of bleeding or who are on heparin therapy.</p> <p>Limitations</p> <ol style="list-style-type: none">1. The PTT is not useful in monitoring the effects of warfarin on a patient's coagulation routinely. However, a PTT may be ordered on a patient being treated with warfarin as heparin therapy is being discontinued. A PTT may also be indicated when the PT is markedly prolonged due to warfarin toxicity.2. The need to repeat this test is determined by changes in the underlying medical condition and/or the dosing of heparin.3. Testing prior to any medical intervention associated with a risk of bleeding and thrombosis (other than thrombolytic therapy) will generally be considered medically necessary only where there are signs or symptoms of a bleeding or thrombotic abnormality or a personal history of bleeding, thrombosis or a condition associated with a coagulopathy. Hospital/clinic-specific policies, protocols, etc., in and of themselves, cannot alone justify coverage.
Prostate Specific Antigen (PSA) <i>Policy 190.31</i>	<p>Indications</p> <p>PSA is of proven value in differentiating benign from malignant disease in men with lower urinary tract signs and symptoms (e.g., hematuria, slow urine stream, hesitancy, urgency, frequency, nocturia and incontinence) as well as with patients with palpably abnormal prostate glands on physician exam, and in patients with other laboratory or imaging studies that suggest the possibility of a malignant prostate disorder. PSA is also a marker used to follow the progress of prostate cancer once a diagnosis has been established, such as in detecting metastatic or persistent disease in patients who may require additional treatment. PSA testing may also be useful in the differential diagnosis of men presenting with as yet undiagnosed disseminated metastatic disease.</p> <p>Limitations</p> <p>Generally, for patients with lower urinary tract signs or symptoms, the test is performed only once per year unless there is a change in the patient's medical condition.</p> <p>Testing with a diagnosis of in situ carcinoma is not reasonably done more frequently than once, unless the result is abnormal, in which case the test may be repeated once.</p>
Prothrombin Time <i>Policy 190.17</i>	<p>Indications</p> <ol style="list-style-type: none">1. A PT may be used to assess patients taking warfarin. The

Indications and Limitations

Test Name	Indications/Limitations
Prothrombin Time <i>Policy 190.17</i>	<p>prothrombin time is generally not useful in monitoring patients receiving heparin who are not taking warfarin.</p> <ol style="list-style-type: none"><li data-bbox="609 357 1443 577">2. A PT may be used to assess patients with signs or symptoms of abnormal bleeding or thrombosis. For example: swollen extremity with or without prior trauma; unexplained bruising; abnormal bleeding, hemorrhage or hematoma; petechiae or other signs of thrombocytopenia that could be due to disseminated intravascular coagulation.<li data-bbox="609 588 1443 1197">3. A PT may be useful in evaluating patients who have a history of a condition known to be associated with the risk of bleeding or thrombosis that is related to the extrinsic coagulation pathway. Such abnormalities may be genetic or acquired. For example: dysfibrinogenemia; afibrinogenemia (complete); acute or chronic liver dysfunction or failure, including Wilson's disease and Hemochromatosis; disseminated intravascular coagulation (DIC); congenital and acquired deficiencies of factors II, V, VII, X; vitamin K deficiency; lupus erythematosus; hypercoagulable state; paraproteinemia; lymphoma; amyloidosis; acute and chronic leukemias; plasma cell dyscrasia; HIV infection; malignant neoplasms; hemorrhagic fever; salicylate poisoning; obstructive jaundice; intestinal fistula; malabsorption syndrome; colitis; chronic diarrhea; presence of peripheral venous or arterial thrombosis or pulmonary emboli or myocardial infarction; patients with bleeding or clotting tendencies; organ transplantation; presence of circulating coagulation inhibitors.<li data-bbox="609 1207 1443 1459">4. A PT may be used to assess the risk of hemorrhage or thrombosis in patients who are going to have a medical intervention known to be associated with increased risk of bleeding or thrombosis. For example: evaluation prior to invasive procedures or operations of patients with personal history of bleeding or a condition associated with coagulopathy prior to the use of thrombolytic medication.
	Limitations <ol style="list-style-type: none"><li data-bbox="609 1522 1443 1627">1. When an ESRD patient is tested for PT, testing more frequently than weekly requires documentation of medical necessity, e.g., other than chronic renal failure or renal failure, unspecified.<li data-bbox="609 1638 1443 1894">2. The need to repeat this test is determined by changes in the underlying medical condition and/or the dosing of warfarin. In a patient on stable warfarin therapy, it is ordinarily not necessary to repeat testing more than every two to three weeks. When testing is performed to evaluate a patient with signs or symptoms of abnormal bleeding or thrombosis and the initial test result is normal, it is ordinarily not necessary to repeat

Indications and Limitations

Test Name	Indications/Limitations
Prothrombin Time <i>Policy 190.17</i>	<p>testing unless there is a change in the patient's medical status.</p> <ol style="list-style-type: none">3. Since the INR is a calculation, it will not be paid in addition to the PT when expressed in seconds, and is considered part of the conventional prothrombin time.4. Testing prior to any medical intervention associated with a risk of bleeding and thrombosis (other than thrombolytic therapy) will generally be considered medically necessary only where there are signs or symptoms of a bleeding or thrombotic abnormality or a personal history of bleeding, thrombosis or a condition associated with a coagulopathy. Hospital/clinic-specific policies, protocols, etc., in and of themselves, cannot alone justify coverage.
Thyroid Testing <i>Policy 190.22</i>	<p>Indications</p> <p>Thyroid function tests are used to define hyper function, euthyroidism, or hypofunction of thyroid disease. Thyroid testing may be reasonable and necessary to:</p> <ul style="list-style-type: none">• Distinguish between primary and secondary hypothyroidism;• Confirm or rule out primary hypothyroidism;• Monitor thyroid hormone levels (for example, patients with goiter, thyroid nodules, or thyroid cancer);• Monitor drug therapy in patients with primary hypothyroidism;• Confirm or rule out primary hyperthyroidism; and• Monitor therapy in patients with hyperthyroidism. <p>Thyroid function testing may be medically necessary in patients with disease or neoplasm of the thyroid and other endocrine glands. Thyroid function testing may also be medically necessary in patients with metabolic disorders; malnutrition; hyperlipidemia; certain types of anemia; psychosis and non-psychotic personality disorders; unexplained depression; ophthalmologic disorders; various cardiac arrhythmias; disorders of menstruation; skin conditions; myalgias; and a wide array of signs and symptoms, including alterations in consciousness; malaise; hypothermia; symptoms of the nervous and musculoskeletal system; skin and integumentary system; nutrition and metabolism; cardiovascular; and gastrointestinal system.</p> <p>It may be medically necessary to do follow-up thyroid testing in patients with a personal history of malignant neoplasm of the endocrine system and in patients on long-term thyroid drug therapy.</p> <p>Limitations</p> <p>Testing may be covered up to two times a year in clinically stable</p>

Indications and Limitations

Test Name	Indications/Limitations
Thyroid Testing <i>Policy 190.22</i>	patients; more frequent testing may be reasonable and necessary for patients whose thyroid therapy has been altered or in whom symptoms or signs of hyperthyroidism or hypothyroidism are noted.
Urine Culture, Bacterial/ Sensitivity Studies <i>Policy 190.12</i>	Indications <ol style="list-style-type: none"><li data-bbox="605 468 1438 888">1. A patient's urinalysis is abnormal suggesting urinary tract infection, for example, abnormal microscopic (hematuria, pyuria, bacteriuria); abnormal biochemical urinalysis (positive leukocyte esterase, nitrite, protein, blood); a Gram's stain positive for microorganisms; positive bacteriuria screen by a non-culture technique; or other significant abnormality of a urinalysis. While it is not essential to evaluate a urine specimen by one of these methods before a urine culture is performed, certain clinical presentations with highly suggestive signs and symptoms may lend themselves to an antecedent urinalysis procedure where follow-up culture depends upon an initial positive or abnormal test result.<li data-bbox="605 909 1438 1329">2. A patient has clinical signs and symptoms indicative of a possible urinary tract infection (UTI). Acute lower UTI may present with urgency, frequency, nocturia, dysuria, discharge or incontinence. These findings may also be noted in upper UTI with additional systemic symptoms (for example, fever, chills, lethargy); or pain in the costovertebral, abdominal, or pelvic areas. Signs and symptoms may overlap considerably with other inflammatory conditions of the genitourinary tract (for example, prostatitis, urethritis, vaginitis, or cervicitis). Elderly or immunocompromised patients, or patients with neurologic disorders may present atypically (for example, general debility, acute mental status changes, declining functional status).<li data-bbox="605 1350 1438 1486">3. The patient is being evaluated for suspected urosepsis, fever of unknown origin, or other systemic manifestations of infection but without a known source. Signs and symptoms used to define sepsis have been well established.<li data-bbox="605 1507 1438 1749">4. A test-of cure is generally not indicated in an uncomplicated infection. However, it may be indicated if the patient is being evaluated for response to therapy and there is a complicating co-existing urinary abnormality including structural or functional abnormalities, calculi, foreign bodies, or ureteral/renal stents or there is clinical or laboratory evidence of failure to respond as described in Indications 1 and 2.<li data-bbox="605 1770 1438 1875">5. In surgical procedures involving major manipulations of the genitourinary tract, preoperative examination to detect occult infection may be indicated in selected cases (for example, prior

Indications and Limitations

Test Name	Indications/Limitations
Urine Culture, Bacterial/ Sensitivity Studies <i>Policy 190.12</i>	<p>to renal transplantation, manipulation or removal of kidney stones, or transurethral surgery of the bladder or prostate).</p> <p>6. Urine culture may be indicated to detect occult infection in renal transplant recipients on immunosuppressive therapy.</p> <p>Limitations</p> <ol style="list-style-type: none">1. CPT 87086 may be used one time per encounter.2. Colony count restrictions on coverage of CPT 87088 do not apply as they may be highly variable according to syndrome or other clinical circumstances (for example, antecedent therapy, collection time, degree of hydration).3. CPT 87088, 87184, and 87186 may be used multiple times in association with or independent of 87086, as urinary tract infections may be polymicrobial.4. Testing for asymptomatic bacteriuria as part of a prenatal evaluation may be medically appropriate but is considered screening and, therefore, not covered by Medicare. The US Preventive Services Task Force has concluded that screening for asymptomatic bacteriuria outside of the narrow indication for pregnant women is generally not indicated. There are insufficient data to recommend screening in ambulatory elderly patients including those with diabetes. Testing may be clinically indicated on other grounds including likelihood of recurrence or potential adverse effects of antibiotics, but is considered screening in the absence of clinical or laboratory evidence of infection.
Vitamin D Assay <i>Policy L32134</i>	<p>Indications:</p> <p>Measurement of 25-OH Vitamin D, CPT 82306, level is indicated for patients with:</p> <ul style="list-style-type: none">• chronic kidney disease stage III or greater• cirrhosis• hypocalcemia• hypercalcemia• hypercalciuria• hypervitaminosis D• parathyroid disorders• malabsorption states• obstructive jaundice• osteomalacia• osteoporosis if (continued on next page)

Indications and Limitations

Test Name	Indications/Limitations
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Vitamin D Assay

Policy L32134

- i. T score on DEXA scan < -2.5 or
- ii. History of fragility fractures or
- iii. FRAX $> 3\%$ 10-year probability of hip fracture or 20% 10-year probability of other major osteoporotic fracture or
- iv. FRAX $> 3\%$ (any fracture) with T-score < -1.5 or
- v. Initiating bisphosphonate therapy (Vit D level should be determined and managed as necessary *before* bisphosphonate is initiated)

- osteosclerosis/petrosis
- rickets
- vitamin D deficiency on replacement therapy related to a condition listed above; to monitor the efficacy of treatment.

Measurement of 1, 25-OH Vitamin D, CPT 82652, level is indicated for patients with:

- unexplained hypercalcemia (suspected granulomatous disease or lymphoma)
- unexplained hypercalciuria (suspected granulomatous disease or lymphoma)
- suspected genetic childhood rickets
- suspected tumor-induced osteomalacia
- nephrolithiasis or hypercalciuria

Limitations:

Testing may not be used for routine or other screening.

Both assays of vitamin D need not be performed for each of the above conditions. Often, one type is more appropriate for a certain disease state than another. The most common type of vitamin D deficiency is 25-OH vitamin D. A much smaller percentage of 1,25 dihydroxy vitamin D deficiency exists; mostly, in those with renal disease. Documentation must justify the test(s) chosen for a particular disease entity. Various component sources of 25-OH vitamin D, such as stored D or diet-derived D, should not be billed separately.

Once a beneficiary has been shown to be vitamin D deficient, further testing may be medically necessary only to ensure adequate replacement has been accomplished. If Vitamin D level is between 20 and 50 ng/dl and patient is clinically stable, repeat testing is often

Indications and Limitations

Test Name	Indications/Limitations
Vitamin D Assay <i>Policy L32134</i>	unnecessary; if performed, documentation most clearly indicate the necessity of the test. If level <20 ng/dl or > 60 ng/dl, a subsequent level(s) may be reimbursed until the level is within the normal range.

Indications and Limitations

Test Name	Indications/Limitations
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Alpha-fetoprotein

Policy Type: NCD (National Coverage Decision)

CPT CODE(S)	TEST NAME
82105	Alpha-fetoprotein; serum

ICD-9 CODES	ICD-9 DESCRIPTIONS
070.22–070.23	Chronic viral hepatitis B with hepatic coma, with or without mention of hepatitis delta
070.32–070.33	Chronic viral hepatitis B without mention of hepatic coma, with or without mention of hepatitis delta
070.44	Chronic hepatitis C with hepatic coma
070.54	Chronic hepatitis C without mention of hepatic coma
095.3	Syphilis of liver
121.1	Clonorchiasis
121.3	Fascioliasis
155.0–155.2	Malignant neoplasm of the liver and intrahepatic bile ducts
164.2–164.9	Malignant neoplasm of the mediastinum
183.0	Malignant neoplasm, ovary
186.0	Malignant neoplasm of undescended testis
186.9	Malignant neoplasm, other and unspecified testis
197.1	Secondary malignant neoplasm of mediastinum
197.7	Secondary malignant neoplasm of liver
198.6	Secondary malignant neoplasm of ovary
198.82	Secondary malignant neoplasm, genital organs
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
211.5	Benign neoplasm of liver and biliary passages
235.3	Neoplasm of uncertain behavior of liver and biliary passages
272.2	Mixed hyperlipidemia
273.4	Alpha-1-antitrypsin deficiency
275.01-275.09	Disorder of iron metabolites
275.1	Disorder of copper metabolism
277.00	Cystic Fibrosis without mention of meconium ileus
277.03	Cystic fibrosis with gastrointestinal manifestations
277.6	Other deficiencies of circulating enzymes
285.0	Sideroblastic Anemia
338.3	Neoplasm related to pain (acute) (chronic)
571.2	Alcoholic cirrhosis of liver
571.40	Chronic hepatitis, unspecified

Alpha-fetoprotein.....continued**82105**

571.41	Chronic persistent hepatitis
571.42	Autoimmune hepatitis
571.49	Other chronic hepatitis
571.5	Cirrhosis of liver without mention of alcohol
608.89	Other specified disorders of male genital organs
793.1	Non-specific abnormal findings of lung field
793.2	Non-specific abnormal findings of other intrathoracic organs
793.3	Non-specific abnormal findings of biliary tract
793.6	Non-specific abnormal findings of abdominal area, including retro peritoneum
795.89	Other abnormal tumor markers
V10.07	Personal history of malignant neoplasm, liver
V10.43	Personal history of malignant neoplasm, ovary
V10.47	Personal history of malignant neoplasm, testis
V86.0	Estrogen receptor positive status [ER+]
V86.1	Estrogen receptor negative status [ER-]

B-type Natriuretic Peptide (BNP)

Policy # L31570

Policy Type: LCD (Local Coverage Decision)

<i>CPT CODE(S)</i>	<i>TEST NAME</i>
83880	Natriuretic peptide

ICD-9 CODES	ICD-9 DESCRIPTIONS
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
410.62	True posterior wall infarction subsequent episode of care
410.72	Subendocardial infarction subsequent episode of care
410.82	Acute myocardial infarction of other specified sites subsequent episode of care
410.92	Acute myocardial infarction of unspecified site subsequent episode of care
423.2	Constructive pericarditis
425.4	Other primary cardiomyopathies
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
491.21	Obstructive chronic bronchitis with (acute) exacerbation
491.22	Obstructive chronic bronchitis with acute bronchitis
493.22	Chronic obstructive asthma with (acute) exacerbation
493.92	Asthma unspecified with (acute) exacerbation
519.11	Acute bronchospasm
786.00	Respiratory abnormality unspecified

ICD-9 CODES	ICD-9 DESCRIPTIONS	83880
786.02	Orthopnea	
786.05	Shortness of breath	
786.06	Tachypnea	
786.07	Wheezing	
786.09	Respiratory abnormality other	

Blood Counts**ICD-9 codes listed are NON-COVERED codes****Policy Type: NCD (National Coverage Decision)**

CPT CODE(S)	TEST NAME
85004	Automated differential WBC count
85007	Blood smear, microscopic examination with manual differential WBC count
85008	Blood smear, microscopic examination without manual differential parameters
85013	Spun microhematocrit
85014	Hematocrit (Hct)
85018	Hemoglobin
85025	CBC, automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	CBC, automated (Hgb, Hct, RBC, WBC and platelet count)
85032	Manual cell count (erythrocyte, leukocyte, or platelet)
85048	Leukocyte (WBC), automated
85049	Platelet, automated

ICD-9-CM Codes Covered by Medicare Program:
Any code not listed in either of the ICD-9 sections below.

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

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

600.11	Nodular prostate with urinary obstruction
600.20	Benign localized hyperplasia of prostate without urinary obstruction
600.21	Benign localized hyperplasia of prostate with urinary obstruction
600.90	Hyperplasia of prostate, unspecified, without urinary obstruction
600.91	Hyperplasia of prostate, unspecified, with urinary obstruction
603.0	Encysted hydrocele
603.8	Other specified types of hydrocele
603.9	Hydrocele, unspecified
605	Redundant prepuce and phimosis
606.0–606.1	Infertility, male
608.1	Spermatocoele
608.20	Torsion of testis, unspecified
608.21	Extravaginal torsion of spermatic cord
608.22	Intravaginal torsion of spermatic cord
608.23	Torsion of appendix testis
608.24	Torsion of appendix epididymis
608.3	Atrophy of testis
610.0–610.9	Benign mammary dysplasia
611.1–611.6	Other disorders of breast
611.9	Unspecified breast disorder
616.2	Cyst of Bartholin's gland
618.00–618.9	Genital prolapse
620.0–620.3	Noninflammatory disorders of ovary, fallopian tube, and broad ligament
621.6–621.7	Malposition or inversion of uterus
627.2–627.9	Menopausal and post menopausal disorders
628.0–628.9	Infertility, female
676.00–676.94	Other disorders of breast associated with childbirth and disorders of lactation
691.0–691.8	Atopic dermatitis and related disorders
692.0–692.9	Contact dermatitis and other eczema
700	Corns and callosities
701.0–701.9	Other hypertrophic and atrophic conditions of skin
702.0–702.8	Other dermatoses
703.9	Unspecified disease of nail
706.0–706.9	Diseases of sebaceous glands
709.00–709.4	Other disorders of skin and subcutaneous tissue
715.00–715.98	Osteoarthritis
716.00–716.99	Other and unspecified arthropathies
718.00–718.99	Other derangement of joint
726.0–726.91	Peripheral esthesiopathies and allied syndromes
727.00–727.9	Other disorders of synovium, tendon, and bursa
728.10–728.85	Disorders of muscle ligament and fascia
732.0–732.9	Osteochondropathies
733.00–733.09	Osteoporosis
734	Flat foot
735.0–735.9	Acquired deformities of toe

736.00–736.9	Other acquired deformities of limb
737.0–737.9	Curvature of spine
738.0–738.9	Other acquired deformity
739.0–739.9	Nonallopathic lesions, not elsewhere classified
798.0–798.9	Sudden death, cause unknown
799.81	Decreased libido
830.0–839.9	Dislocations
840.0–848.9	Sprains and strains
905.0–909.9	Late effects of musculoskeletal and connective tissue injuries
910.0–919.9	Superficial injuries
930.0–932	Foreign body on external eye, in ear, in nose
955.0–957.9	Injury to peripheral nerve
V03.0–V06.9	Need for prophylactic vaccination
V11.0–V11.9	Personal history of mental disorder
V14.0–V14.8	Personal history of allergy to medicinal agents
V15.85	Exposure to potentially hazardous body fluids
V16.0–V16.9	Family history of malignant neoplasm
V17.0–V17.89	Family history of certain chronic disabling diseases
V18.0–V18.9	Family history of certain other specific conditions
V19.0–V19.8	Family history of other conditions
V20.0–V20.2	Health supervision of infant or child
V21.0–V21.9	Constitutional states in development
V25.01–V25.9	Encounter for contraceptive management
V26.0–V26.9	Procreative management
V28.0–V28.9	Antenatal screenings
V40.0–V40.9	Mental and behavioral problems
V41.0–V41.9	Problems with special senses and other special functions
V43.0–V43.1	Organ or tissue replaced by other means, eye globe or lens
V44.0–V44.9	Artificial opening status
V45.00–V45.89	Other post surgical states
V48.0–V48.9	Problems with head, neck, and trunk
V49.0–V49.9	Other conditions influencing health status
V50.0–V50.9	Elective surgery for purposes other than remedying health states
V51.0–V51.8	Aftercare involving the use of plastic surgery
V52.0–V52.9	Fitting and adjustment of prosthetic device and implant
V53.01–V53.09	Fitting and adjustment of devices related to nervous system and special senses
V53.1	Fitting and adjustment of spectacles and contact lenses
V53.2	Fitting and adjustment of hearing aid
V53.31–V53.39	Fitting and adjustment of cardiac device
V53.4	Fitting and adjustment of orthodontic devices
V53.50	Fitting and adjustment of other intestinal appliance and device
V53.51	Fitting and adjustment of gastric lap band
V53.59	Fitting and adjustment of other gastrointestinal appliance and device
V53.6	Fitting and adjustment of urinary devices

Blood Counts.....continued

85004, 85007, 85008, 85013, 85014, 85018

NON-COVERED ICD-9 CODES

85025, 85027, 85032, 85048, 85049

V53.7	Fitting and adjustment of orthopedic devices
V53.8	Fitting and adjustment of wheelchair
V53.90	Unspecified device
V53.91	Fitting and adjustment of insulin pump
V53.99	Other device
V54.01–V54.9	Other orthopedic aftercare
V55.0–V55.9	Attention to artificial openings
V57.0–V57.9	Care involving use of rehabilitation procedures
V58.5	Orthodontics
V59.01–V59.9	Donors
V60.0–V60.9	Housing, household, and economic circumstances
V61.01–V61.9	Other family circumstances
V62.0	Unemployment
V62.1	Adverse effects of work environment
V62.21–V62.9	Other psychosocial circumstances
V65.0	Healthy persons accompanying sick persons
V65.11	Pediatric pre-birth visit for expectant mother
V65.19	Other person consulting on behalf of another person
V65.2	Person feigning illness
V65.3	Dietary surveillance and counseling
V65.40–V65.49	Other counseling, not elsewhere classified
V65.5	Person with feared complaint in whom no diagnosis was made
V65.8	Other reasons for seeking consultation
V65.9	Unspecified reason for consultation
V66.0–V66.9	Convalescence and palliative care
V67.3	Follow-up examination following psychotherapy
V67.4	Follow-up examination following treatment of healed fracture
V68.0–V68.9	Encounters for administrative purposes
V69.3	Problems related to lifestyle, gambling and betting
V70.0–V70.9	General medical examinations
V71.01–V71.09	Observation and evaluation for suspected conditions not found, mental
V72.0–V72.2	Special investigations, examination of eyes and vision, ears and hearing, dental
V72.40–V72.7	Special investigations, radiologic exam, laboratory exam, diagnostic skin and sensitization tests
V72.9	Special investigation, unspecified
V73.0–V73.99	Special screening examinations for viral and chlamydia diseases
V74.0–V74.9	Special screening examinations for bacterial and spirochetal diseases
V75.0–V75.9	Special screening examination for other infectious diseases
V76.0	Special screening for malignant neoplasms, respiratory organs
V76.10–V76.19	Special screening for malignant neoplasms, breast
V76.2	Special screening for malignant neoplasms, cervix
V76.3	Special screening for malignant neoplasms, bladder
V76.42–V76.9	Special screening for malignant neoplasms, (sites other than breast, cervix, and rectum)
V77.0–V77.9	Spec. screening for endocrine, nutrition, metabolic, and immunity disorders

Blood Counts.....continued		85004, 85007, 85008, 85013, 85014, 85018
NON-COVERED ICD-9 CODES		85025, 85027, 85032, 85048, 85049
V78.0–V78.9	Special screening for disorders of blood and blood-forming organs	
V79.0–V.79.9	Special screening for mental disorders	
V80.0–V80.3	Special screening for neurological, eye, and ear diseases	
V81.0–V81.6	Special screening for cardiovascular, respiratory, and genitourinary diseases	
V82.0–V82.9	Special screening for other conditions	

CA 125**Policy Type: NCD (National Coverage Decision)**

<i>CPT CODE(S)</i>	<i>TEST NAME</i>
86304	Immunoassay for tumor antigen, quantitative, CA 125

ICD-9 CODES	ICD-9 DESCRIPTIONS
158.8	Malignant neoplasms, specific parts of peritoneum
158.9	Malignant neoplasms, peritoneum, unspecified
180.0	Malignant neoplasm, endocervix
182.0	Malignant neoplasm of corpus uteri, except isthmus
183.0	Malignant neoplasm, ovary
183.2	Malignant neoplasm, fallopian tube
183.8	Malignant neoplasm, other specified sites of uterine adnexa
184.8	Malignant neoplasm, other specified sites of female genital organs
198.6	Secondary malignant neoplasm, ovary
198.82	Secondary malignancy of genital organs
236.0–236.3	Neoplasm of uncertain behavior of female genital organs
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–V10.44	Personal history of malignant neoplasm of female genital organs

CA 15-3 (27.29)**Policy Type: NCD (National Coverage Decision)**

<i>CPT CODE(S)</i>	<i>TEST NAME</i>
86300	Immunoassay for tumor antigen, quantitative; CA 15–3 (27.29)

ICD-9 CODES	ICD-9 DESCRIPTIONS
174.0–174.9	Breast, primary (female)—malignant neoplasm of female breast
175.0–175.9	Breast, primary (male)—malignant neoplasm of male breast
198.2	Secondary malignant neoplasm (male breast)
198.81	Secondary malignant neoplasm (female breast)
338.3	Neoplasm related pain (acute) (chronic)
795.89	Other abnormal tumor markers
V10.3	Personal history of malignant neoplasm, breast

CA 19-9**Policy Type: NCD (National Coverage Decision)**

<i>CPT CODE(S)</i>	<i>TEST NAME</i>
86301	Immunoassay for tumor antigen, quantitative; CA 19-9

ICD-9 CODES	ICD-9 DESCRIPTIONS
155.1	Malignant neoplasm, intrahepatic bile ducts
156.0	Malignant neoplasm of the gallbladder
156.1	Malignant neoplasm, extrahepatic bile ducts
156.2	Malignant neoplasm of the Ampulla of Vater
156.8	Malignant neoplasm, other specified sites of gallbladder and extrahepatic bile ducts
156.9	Malignant neoplasm, unspecified part of biliary tract
157.0-157.9	Malignant neoplasm, pancreas
197.8	Secondary malignant neoplasm, other digestive organs and spleen
235.3	Neoplasm of uncertain behavior, liver and biliary passages
235.5	Neoplasm of uncertain behavior, other and unspecified digestive organs
338.3	Neoplasm related pain (acute) (chronic)
795.89	Other abnormal tumor markers
V10.09	Other personal history of cancer

Carcinoembryonic Antigen (CEA)

Policy Type: NCD (National Coverage Decision)

<i>CPT CODE(S)</i>	<i>TEST NAME</i>
82378	Carcinoembryonic antigen (CEA)

ICD-9 CODES	ICD-9 DESCRIPTIONS
150.0–150.9	Malignant neoplasm of the esophagus
151.0–151.9	Malignant neoplasm of stomach
152.0–154.8	Malignant neoplasm of small intestine, including duodenum, rectum, rectosigmoid junction and anus
157.0–157.9	Primary malignancy of pancreas
159.0	Malignant neoplasm of intestinal tract, part unspecified
162.0–162.9	Malignant neoplasm of trachea, bronchus, lung
174.0–174.9	Malignant neoplasm of female breast
175.0–175.9	Malignant neoplasm of male breast
183.0	Malignant neoplasm of ovary
197.0	Secondary malignant neoplasm of neoplasm of lung
197.4	Secondary malignant neoplasm of small intestine
197.5	Secondary malignant neoplasm of large intestine and rectum
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 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
230.3	Carcinoma in situ of colon
230.4	Carcinoma in situ of rectum
230.7	Carcinoma in situ of other/unspecified parts of intestine
230.9	Carcinoma in situ other and unspecified digestive organs
235.2	Neoplasm of uncertain behavior of stomach, intestines, rectum
338.3	Neoplasm related pain (acute) (chronic)
790.99	Other nonspecific 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 gastro-intestinal tract, unspecified
V10.3	Personal history of malignant neoplasm, breast
V10.05	Personal history of malignant neoplasm, large intestine
V10.06	Personal history of malignant neoplasm, rectum, rectosigmoid junction, anus
V10.11	Personal history of malignant neoplasm, bronchus, and lung
V10.43	Personal history of malignant neoplasm, ovary
V67.2	Follow-up examination following chemotherapy

Collagen cross links

Policy Type: NCD (National Coverage Decision)

<i>CPT CODE(S)</i>	<i>TEST NAME</i>
82523	Collagen cross links, any method

ICD-9 CODES	ICD-9 DESCRIPTIONS
242.00–242.91	Thyrotoxicosis
245.2	Chronic lymphocytic thyroiditis (only if thyrotoxic)
246.9	Unspecified disorder of thyroid
252.00-02	Hyperparathyroidism
252.08	Other hyperparathyroidism
256.2	Postablative ovarian failure
256.31-256.39	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 & postmenopausal disorder
731.0	Osteitis deformans without mention of bone tumor (Paget's disease of bone)
733.00–733.09	Osteoporosis
733.10–733.19	Pathological fracture
733.9	Disorder of bone and cartilage, unspecified
805.8	Fracture of vertebral column without mention of spiral cord injury, unspecified, closed
V58.65	Long-term (current) use of steroids
V58.69	Long-term (current) use of other medications

Cytogenetics Testing *Policy Number: 98-6.2R1***Policy Type: LCD (Local Coverage Decision)**

CPT CODE(S)	TEST NAME
88230	Tissue culture lymphocyte
88233	Tissue culture skin/biopsy
88235	Tissue culture placenta
88237	Tissue culture bone marrow
88239	Tissue culture tumor
88240	Cell cryopreserve/storage
88241	Frozen cell preparation
88245	Chromosome analysis 20-25
88248	Chromosome analysis 50-100
88249	Chromosome analysis 100
88261	Chromosome analysis 5
88262	Chromosome analysis 15-20
88263	Chromosome analysis 45
88264	Chromosome analysis 20-25
88267	Chromosome analysis placenta
88269	Chromosome analysis amniotic
88271	Cytogenetics DNA probe
88272	Cytogenetics 3-5
88273	Cytogenetics 10-30
88274	Cytogenetics 25-99
88275	Cytogenetics 100-300
88280	Chromosome karyotype study
88283	Chromosome banding study
88285	Chromosome count additional
88289	Chromosome study additional
88291	Cyto/molecular report
88299	Cytogenetic study

ICD-9 CODES	ICD-9 DESCRIPTIONS
171.9*	Malignant neoplasm of connective and other soft tissue, site unspecified
189.0	Malignant neoplasm of kidney except pelvis
200.00-200.08	Reticulosarcoma
200.10-200.18	Lymphosarcoma
200.20-200.28	Burkitt's tumor or lymphoma
200.80-200.88	Other named variants
201.00-201.08	Hodgkin's paragranuloma
201.10-201.18	Hodgkin's granuloma
201.20-201.28	Hodgkin's sarcoma
201.40-201.48	Lymphocytic-histiocytic predominance
201.50-201.58	Nodular sclerosis
201.60-201.68	Mixed cellularity
201.70-201.78	Lymphocytic depletion
201.90-201.98	Hodgkin's disease, unspecified
202.00-202.08	Other malignant neoplasms of lymphoid and histiocytic tissue
202.80-202.98	Other malignant neoplasms of lymphoid and histiocytic tissue
203.00-203.02	Multiple myeloma
203.10-203.12	Plasma cell leukemia
203.82	Other immunoproliferative neoplasms, in relapse
204.00-204.02	Lymphoid leukemia
204.12	Chronic lymphoid leukemia, in relapse
204.22	Subacute lymphoid leukemia, in relapse
204.80-204.82	Other lymphoid leukemia
205.00-205.91	Myeloid leukemia
206.00-206.02	Acute monocytic leukemia
206.82	Other monocytic leukemia, in relapse
206.90-206.91	Unspecified monocytic leukemia
207.20-207.22	Megakaryocytic leukemia
207.82	Other specified leukemia, in relapse
208.00-208.02	Leukemia of unspecified cell type
225.2	Benign neoplasm of cerebral meninges
238.4	Polycythemia vera
238.74	Myelodysplastic syndrome with 5q deletion
238.77	Post-transplant lymphoproliferative disorder (PTLD)
259.0	Delay in sexual development and puberty, not elsewhere classified
273.3	Macroglobulinemia
284.01	Constitutional red blood cell aplasia
284.09	Other constitutional aplastic anemia
284.1	Pancytopenia
284.2	Myelophthisis
284.89	Other specified anemias
284.9	Anemia unspecified
285.0-285.9	Other and unspecified anemias
287.30-287.39	Purpura and other hemorrhagic conditions
287.4	Secondary thrombocytopenia
288.01-288.02	Neutropenia

Cytogenetics.....cont'd	88249, 88230, 88233, 88235, 88237, 88239, 88240, 88241, 88245, 88248, 88261, 88262, 88263, 88264, 88267, 88269, 88271, 88272, 88273, 88274, 88275, 88280, 88283, 88285, 88289, 88291, 88299
288.1-288.8	Other diseases of white blood cells
289.6	Familial polycythemia
289.7	Methemoglobinemia
289.81-289.89	Other specified diseases of blood and blood-forming organs
334.8	Other spinocerebellar diseases
388.5	Disorders of acoustic nerve
389.10	Sensorineural hearing loss unspecified
629.9	Unspecified disorder of female genital organs
630	Hydatidiform mole
631	Other abnormal product of conception
632	Missed abortion
646.33	Habitual aborter antepartum condition or complication
655.00-23	Known or suspected fetal abnormality affecting management of mother
656.40-656.43	Intrauterine death
656.50-656.53	Poor fetal growth
656.60-656.63	Excessive fetal growth
657.00-657.03	Polyhydramnios
658.00-658.03	Oligohydramnios
659.50-659.53	Elderly primigravida
659.60-659.63	Elderly multigravida
740.0-740.2	Anencephalus and similar anomalies
742.0-742.8	Other congenital anomalies of nervous system
743.00-743.9	Congenital anomalies of eye
744.00-744.9	Congenital anomalies of ear, face, and neck
745.0-745.9	Bulbus cordis anomalies and anomalies of cardiac septal closure
746.00-746.9	Other congenital anomalies of heart
747.0-747.9	Other congenital anomalies of circulatory system
748.0-748.9	Congenital anomalies of respiratory system
749.00-749.25	Cleft palate and cleft lip
750.0-750.9	Other congenital anomalies of upper alimentary tract
751.0-751.9	Other congenital anomalies of digestive system
752.0-752.9	Congenital anomalies of genital organs
753.0-753.9	Congenital anomalies of urinary system
754.0-754.89	Certain congenital musculoskeletal deformities
755.00-755.9	Other congenital anomalies of limbs
756.0-756.9	Other congenital musculoskeletal anomalies
757.0	Hereditary edema of legs
757.1	Ichthyosis congenita
757.2	Dermatoglyphic anomalies
757.31-757.39	Other specified anomalies of skin
758.0-758.9	Chromosomal anomalies
759.83	Fragile X syndrome
783.22	Underweight
783.40	Unspecified lack of normal physiological development
783.41	Failure to thrive

Cytogenetics.....cont'd	88249, 88230, 88233, 88235, 88237, 88239, 88240, 88241, 88245, 88248, 88261, 88262, 88263, 88264, 88267, 88269, 88271, 88272, 88273, 88274, 88275, 88280, 88283, 88285, 88289, 88291, 88299
783.42	Delayed milestones
783.43	Short stature
796.5	Abnormal finding on antenatal screening
796.6	Nonspecific abnormal findings on neonatal screening
V13.61-V13.69	Personal history of congenital malformations
V18.4	Family history of mental retardation
V19.4	Family history of congenital anomalies
V49.89*	Other specified conditions influencing health status
Special Coding:	
*171.9	Medical record must contain documentation of either alveolar soft part sarcoma, alveolar rhabdomyosarcoma, clear cell sarcoma, desmoplastic small round cell tumor, Ewing sarcoma, myxoid liposarcoma, low grade fibromyxoid sarcoma, extra skeletal myxoid chondrosarcoma, inflammatory myofibroblastic tumor, or synovial sarcoma in order to use these diagnosis codes.
288.0	Limited to infantile genetic agranulocytosis only
*V49.89	To be used only when repeat testing is believed to be medically reasonable and necessary.

Digoxin

Policy Type: NCD (National Coverage Decision)

<i>CPT CODE(S)</i>	<i>TEST NAME</i>
80162	Digoxin (Therapeutic Drug Assay)

ICD-9 CODES	ICD-9 DESCRIPTIONS
242.00–242.91	Thyrotoxicosis with or without goiter
243	Congenital hypothyroidism
244.0–244.9	Acquired hypothyroidism
245.0–245.9	Thyroiditis
275.2	Disorders of magnesium metabolism
275.40–275.49	Disorders of calcium metabolism
275.5	Hungry bone syndrome
276.0	Hyperosmolality
276.1	Hyposmolality
276.2	Acidosis
276.3	Alkalosis
276.4	Mixed acid-base balance disorder
276.50	Volume depletion, unspecified
276.51	Dehydration
276.52	Hypovolemia
276.61-276.69	Fluid Overload
276.7	Hyperpotassemia
276.8	Hypopotassemia
276.9	Electrolyte and fluid Disorder (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 disturbances
397.9	Rheumatic diseases of endocardium
398.0	Rheumatic Myocarditis
398.91	Rheumatic Heart Failure
402.01	Hypertensive heart disease, malignant with heart failure
402.11	Hypertensive heart disease, benign with heart failure
402.91	Hypertensive heart disease, unspecified with heart failure
403.00–403.91	Hypertensive kidney disease
404.00–404.93	Hypertensive heart & kidney disease
410.00–410.92	Acute myocardial infarction
411.0–411.89	Other acute & subacute forms of ischemic heart disease
413.0–413.9	Angina pectoris
422.0–422.99	Acute myocarditis
425.0–425.9	Cardiomyopathy
426.0–426.9	Conduction disorders

Digoxin.....continued		80162
427.0–427.9	Cardiac dysrhythmias	
428.0–428.9	Heart failure	
429.2	Cardiovascular disease, unspecified	
429.4	Heart Disturbances Postcardiac Surgery	
429.5	Rupture chordae tendinae	
429.6	Rupture papillary muscle	
429.71	Acquired cardiac septal defect	
514	Pulmonary congestion & hypostasis	
579.9	Unspecified Intestinal malabsorption	
584.5–584.9	Acute renal failure	
585.1	Chronic kidney disease, Stage I	
585.2	Chronic kidney disease, Stage II (mild)	
585.3	Chronic kidney disease, Stage III (moderate)	
585.4	Chronic kidney disease, Stage IV (severe)	
585.5	Chronic kidney disease, Stage V	
585.6	End stage renal disease	
585.9	Chronic kidney disease, unspecified	
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	Other ill-defined general symptoms (drowsiness, semicoma, somnolence, stupor, unconsciousness)	
780.1	Hallucinations	
780.2	Syncope & collapse	
780.4	Dizziness and giddiness	
780.71–780.79	Malaise & fatigue	
783.0	Anorexia	
784.0	Headache	
787.01–787.03	Nausea & vomiting	
787.04	Bilious emesis	
787.91	Diarrhea	
794.31	Abnormal electrocardiogram	
799.21	Nervousness	
799.22	Irritability	
799.23	Impulsiveness	
799.24	Emotional lability	
799.25	Demoralization and apathy	
799.29	Other signs and symptoms involving emotional state	
972.0	Poisoning by cardiac rhythm regulators	
972.1	Poisoning by cardiotonic glycosides & drugs of similar action	
995.20	Unspecified adverse effect of drug, medicinal and biological substance	

Digoxin.....continued		80162
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 and biologic substance	
*E942.1	Adverse effect of cardiotoxic glycosides and drugs of similar action	
V58.69	Encounter long term—Medication Use (not elsewhere classified)	

Gamma Glutamyl Transferase (GGT)

Policy Type: NCD (National Coverage Decision)

<i>CPT CODE(S)</i>	<i>TEST NAME</i>
82977	Glutamyltransferase, gamma (GGT)

ICD-9 CODES	ICD-9 DESCRIPTIONS
003.1	Salmonella septicemia
006.0–006.9	Amebiasis
014.00–014.86	Tuberculosis of intestines, peritoneum, and mesenteric glands
017.90–017.96	Tuberculosis of other specified organs
018.90–018.96	Miliary tuberculosis, unspecified
020.0–020.9	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	Meningococemia
038.0–038.9	Septicemia
039.2	Actinomycotic infections, abdominal
040.0	Gas gangrene
042	Human immunodeficiency virus (HIV) disease
054.0	Eczema herpeticum
054.5	Herpetic septicemia
060.0–060.1	Yellow fever
070.0–070.9	Viral hepatitis
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	Tick-borne rickettsioses, stet
084.9	Other pernicious complications of malaria
086.1	Chagas disease with organ involvement other than heart
088.81	Lyme disease
091.62	Secondary syphilitic hepatitis
095.3	Syphilis of liver
100.0	Leptospirosis icterohemorrhagica
112.5	Candidiasis, disseminated
115.00	Infection by Histoplasma capsulatum without mention of manifestation
120.9	Schistosomiasis, unspecified
121.1	Clonorchiasis
121.3	Fascioliasis

GGT.....continued	82977
122.0	Echinococcus granulosus infection of liver
122.5	Echinococcus multilocularis infection of liver
122.8	Echinococcosis, unspecified, of liver
122.9	Echinococcus, other and unspecified
130.5	Hepatitis due to toxoplasmosis
135	Sarcoidosis
150.0–159.9	Malignant neoplasm of digestive organs and peritoneum
160.0–165.9	Malignant neoplasm of respiratory and intrathoracic organs
170.0–176.9	Malignant neoplasm of bone, connective tissue, skin, and breast
179–189.9	Malignant neoplasm of genitourinary organs
200.00–208.92	Malignant neoplasm of lymphatic and hematopoietic 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
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 other and unspecified digestive organs
235.0–238.9	Neoplasms of uncertain behavior
238.71-238.79	Lymphatic & hematopoietic tissues
239.0	Neoplasm of unspecified nature of digestive system
250.00–250.93	Diabetes mellitus
252.00-02	Hyperparathyroidism
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 lipid metabolism

GGT.....continued	82977
273.4	Alpha-1-antitrypsin deficiency
275.01-275.09	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	Disorders of calcium metabolism
275.5	Hungry bone syndrome
277.1	Disorders of porphyrin metabolism
277.30-277.39	Amyloidosis
277.4	Disorders of bilirubin excretion
277.6	Other deficiencies of circulating enzymes
282.60-282.69	Sickle cell anemia
286.6	Defibrination syndrome
286.7	Acquired coagulation factor deficiency
289.4	Hypersplenism
289.52	Splenic sequestration
291.0-291.9	Alcoholic psychoses
303.00-303.03	Acute alcoholic intoxication
303.90-303.93	Other and unspecified alcohol dependence
304.00-304.93	Drug dependence
305.00-305.93	Non-dependent abuse of drugs
357.5	Alcoholic polyneuropathy
359.21-359.29	Myotonic disorders
452	Portal vein thrombosis
453.0-453.9	Other vein embolism and thrombosis
456.0-456.21	Esophageal varices
555.0-555.9	Regional enteritis
556.0-556.9	Ulcerative colitis
557.0	Acute vascular insufficiency of intestine
558.1-558.9	Other noninfectious gastroenteritis and colitis
560.0-560.9	Intestinal obstruction without mention of hernia
562.01	Diverticulitis of small intestine (without mention of hemorrhage)
562.03	Diverticulitis of small intestine with hemorrhage
562.11	Diverticulitis of colon (without mention of hemorrhage)
562.13	Diverticulitis of colon with hemorrhage
567.0-567.9	Peritonitis
569.83	Perforation of intestine
570	Acute and subacute necrosis of liver
571.0-571.9	Chronic liver disease and cirrhosis
572.0-572.8	Liver abscess and sequelae of chronic liver disease
573.0-573.9	Other disorders of liver
574.00-574.91	Cholelithiasis
575.0-575.9	Other disorders of gallbladder
576.0-576.9	Other disorders of biliary tract
581.0-581.9	Nephrotic syndrome
582.0-582.9	Chronic glomerulonephritis
583.0-583.9	Nephritis and nephropathy not specified as acute or chronic

GGT.....continued		82977
584.5–584.9	Acute renal failure	
585.6	End stage renal disease	
586	Renal failure, unspecified	
587	Renal sclerosis, unspecified	
588.0–588.9	Disorders resulting from impaired renal function	
590.00–590.9	Infections of kidney	
642.5	Severe pre-eclampsia	
646.7	Liver disorders in pregnancy	
782.4	Jaundice, unspecified, not of newborn	
789.1	Hepatomegaly	
790.4	Nonspecific elevation of levels of transaminase or lactic acid dehydrgenase	
790.5	Other nonspecific abnormal serum enzyme levels	
960.0–979.9	Poisoning by drugs, medicinal, and biological substances	
980.0–989.89	Toxic effects of substances chiefly nonmedical as to source	
V42.7	Organ replaced by transplant, liver	
V58.61–V58.69	Long term (current) drug use	
V67.1	Follow-up examination, radiotherapy	
V67.2	Follow-up examination, chemotherapy	
V67.51	Follow-up examination after completed treatment with high-risk medications, not elsewhere classified	

General Health Panel

CPT 80050

Documentation supporting the medical necessity of all procedures, such as ICD-9 code(s), must be submitted with each claim. Claims submitted without such evidence will be denied as not medically necessary.

Includes the following:

- 1) 85022/85025 Hemogram/CBC
- 2) 84443 Thyroid Stimulating Hormone
- 3) 80053 Comprehensive Metabolic Panel

Policy Type: LCD (Local Coverage Policy)

Genetic Testing Policy Number: L23664**Policy Type: LCD (Local Coverage Decision)**

CPT CODE(S)	TEST NAME
83890	Molecular diagnostics; molecular isolation or extraction
83891	Molecular diagnostics; isolation or extraction of highly purified nucleic acid
83892	Molecular diagnostics; enzymatic digestion
83893	Molecular diagnostics; dot/slot blot production
83894	Molecular diagnostics; separation by gel electrophoresis (eg, agarose, polyacrylamide)
83898	Molecular diagnostics; amplification, target, each nucleic acid sequence
83904	Molecular diagnostics; mutation identification by sequencing, single segment, each segment
83909	Molecular diagnostics; separation and identification by high resolution technique (eg, capillary electrophoresis), each nucleic acid preparation
83912	Molecular diagnostics; interpretation and report

ICD-9 CODES	ICD-9 DESCRIPTIONS
158.0	Malignant neoplasm of retroperitoneum
158.8	Malignant neoplasm of specified parts of peritoneum
174.0	Malignant neoplasm of nipple and areola of female breast
174.1	Malignant neoplasm of central portion of female breast
174.2	Malignant neoplasm of upper-inner quadrant of female breast
174.3	Malignant neoplasm of upper-inner quadrant of female breast
174.4	Malignant neoplasm of upper-outer quadrant of female breast
174.5	Malignant neoplasm of lower-outer quadrant of female breast
174.6	Malignant neoplasm of axillary tail of female breast
174.8	Malignant neoplasm of other specified sites of female breast
174.9	Malignant neoplasm of breast (female) unspecified site
175.0	Malignant neoplasm of nipple and areola of male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast
183.0	Malignant neoplasm of ovary
233.0	Carcinoma in situ of breast
V10.3	Personal history of malignant neoplasm of breast
V10.43	Personal history of malignant neoplasm of ovary

The following diagnosis codes meet criteria for hereditary colorectal cancer (HNPCC) and Familial Adenomatous Polyposis (FAP) testing, including APC, MYH, and HNPCC syndromes, including endometrial cancer.

ICD-9 CODES	ICD-9 DESCRIPTIONS
153.0	Malignant neoplasm of hepatic flexure
153.1	Malignant neoplasm of transverse colon
153.2	Malignant neoplasm of descending colon
153.3	Malignant neoplasm of sigmoid colon

Genetic Testing		83890, 83891, 83892, 83893, 83894, 83898, 83904, 83912
153.4	Malignant neoplasm of cecum	
153.5	Malignant neoplasm of appendix vermiformis	
153.6	Malignant neoplasm of ascending colon	
153.7	Malignant neoplasm of splenic flexure	
153.8	Malignant neoplasm of other specified sites of large intestine	
153.9	Malignant neoplasm of colon unspecified site	
154.0	Malignant neoplasm of rectosigmoid junction	
154.1	Malignant neoplasm of rectum	
154.8	Malignant neoplasm of other sites of rectum rectosigmoid junction and anus	
171.9	Malignant neoplasm of connective and other soft tissue, site unspecified	
179	Malignant neoplasm of uterus-part uns	
182.8	Malignant neoplasm of other specified sites of body of uterus	
183.2	Malignant neoplasm of fallopian tube	
203.00-203.02	Multiple myeloma	
204.00	Acute lymphoid leukemia, without mention of having achieved remission	
204.10	Chronic lymphoid leukemia, without mention of having achieved remission	
205.00	Acute myeloid leukemia, without mention of having achieved remission	
205.10	Chronic myeloid leukemia, without mention of having achieved remission	
238.4	Polycythemia vera	
238.71	Essential thrombocythemia	
238.75	Myelodysplastic syndrome, unspecified	
238.76	Myelofibrosis with myeloid metaplasia	
286.3	Congenital deficiency of other clotting factors	
289.81	Primary hypercoagulable state	
753.13	Polycystic kidney autosomal dominant	
753.14	Polycystic kidney autosomal recessive	
756.51	Osteogenesis imperfecta	
756.83	Ehlers-danlos syndrome	
757.1	Ichthyosis congenita	
759.83	Fragile x syndrome	
V10.05	Personal history of malignant neoplasm of large intestine	
V10.06	Personal history of malignant neoplasm of rectum, rectosigmoid junction and anus	
V10.42	Personal history of malignant neoplasm of other parts of uterus	
V12.72*	Personal history of colonic polyps	
V42.82	Peripheral stem cells replaced by transplant	

*V12.72 should be used to denote any of the polyposis conditions as described under the Indications above.

The following diagnosis codes meet criteria for JAK2 testing:

ICD-9 CODES	ICD-9 DESCRIPTIONS
204.00	Acute lymphoid leukemia, without mention of having achieved remission
204.10	Chronic lymphoid leukemia, without mention of having achieved remission
205.00	Acute myeloid leukemia, without mention of having achieved remission
205.10	Chronic myeloid leukemia, without mention of having achieved remission
238.4	Polycythemia vera

Genetic Testing		83890, 83891, 83892, 83893, 83894, 83898, 83904, 83912
238.71	Essential thrombocythemia	
238.75	Myelodysplastic syndrome, unspecified	
238.76	Myelofibrosis with myeloid metaplasia	
238.79	Other lymphatic and hematopoietic tissues	
453.0	Budd-Chiari Syndrome	

Glucose Testing

Policy Type: NCD (National Coverage Decision)

<i>CPT CODE(S)</i>	<i>TEST NAME</i>
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	ICD-9 DESCRIPTIONS
011.00–011.96	Tuberculosis
038.0–038.9	Septicemia
112.1	Recurrent vaginal candidiasis
112.3	Interdigital candidiasis
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	Thyrotoxicosis
250.00–250.93	Diabetes mellitus
251.0–251.9	Disorders of pancreatic internal secretion
253.0–253.9	Disorders of the pituitary gland
255.0	Cushing syndrome
263.0–263.9	Malnutrition
271.0–271.9	Disorders of carbohydrate transport and metabolism
272.0–272–4	Disorders of lipid metabolism
275.01-275.09	Hemochromatosis
276.0–276.9	Disorders of fluid, electrolyte and acid-base balance
278.3	Hypercarotemia
293.0	Acute delirium
294.9	Unspecified organic brain syndrome
298.9	Unspecified psychosis
300.9	Unspecified neurotic disorder
310.1	Organic personality syndrome
331.83	Mild cognitive impairment, so stated
337.9	Autonomic nervous system neuropathy
345.10–345.11	Generalized convulsive epilepsy
348.31	Metabolic encephalopathy
355.9	Neuropathy, not otherwise specified
356.9	Unspecified hereditary and idiopathic peripheral neuropathy
357.9	Unspecified inflammatory and toxic neuropathy
362.10	Background retinopathy
362.18	Retinal vasculitis
362.29	Nondiabetic proliferative retinopathy
362.50–362.57	Degeneration of macular posterior pole

Glucose Testing...cont'd		82947, 82948, 82962
362.60–362.66	Peripheral retinal degeneration	
362.81–362.89	Other retinal disorders	
365.04	Borderline glaucoma, ocular hypertension	
365.32	Corticosteroid-induced glaucoma residual	
366.00–366.09	Presenile cataract	
366.10–366.19	Senile cataract	
367.1	Acute myopia	
368.8	Other specified visual disturbance	
373.00	Blepharitis	
377.24	Pseudopapilledema	
377.9	Autonomic nervous system neuropathy	
378.50–378.55	Paralytic strabismus	
379.45	Argyll-Robertson pupils	
410.00–410.92	Acute myocardial infarctions	
414.00–414.19	Coronary atherosclerosis and aneurysm of heart	
414.3	Coronary atherosclerosis due to lipid rich plaque	
425.9	Secondary cardiomyopathy, unspecified	
440.23	Arteriosclerosis of extremities with ulceration	
440.24	Arteriosclerosis of extremities with gangrene	
440.9	Arteriosclerosis, not otherwise specified	
458.0	Postural hypotension	
462	Acute pharyngitis	
466.0	Acute bronchitis	
480.0–486	Pneumonia	
490	Recurrent bronchitis, not specified as acute or chronic	
491.0–491.9	Chronic bronchitis	
527.7	Disturbance of salivary secretion (drymouth)	
528.00	Stomatitis & mucositis, unspecified	
528.09	Other stomatitis & mucositis (ulcerative)	
535.50–535.51	Gastritis	
536.8	Dyspepsia	
571.8	Other chronic nonalcoholic liver disease	
572.0–572.8	Liver abscess and sequelae of chronic liver disease	
574.50–574.51	Cholelithiasis	
575.0–575.12	Cholecystitis	
576.1	Cholangitis	
577.0	Acute pancreatitis	
577.1	Chronic pancreatitis	
577.8	Pancreatic multiple calculi	
590.00–590.9	Infections of the kidney	
595.9	Recurrent cystitis	
596.4	Bladder atony	
596.53	Bladder paresis	
599.0	Urinary tract infection, recurrent	
607.84	Impotence of organic origin	
608.89	Other disorders male genital organs	
616.1	Vulvovaginitis	

Glucose Testing...cont'd		82947, 82948, 82962
626.0	Amenorrhea	
626.4	Irregular menses	
628.9	Infertility—female	
648.00	Diabetes mellitus complicating pregnancy, Childbirth or the puerperium, unspecified as to episode of care or not applicable	
648.03	Diabetes mellitus complicating pregnancy, Childbirth or the puerperium, antipartum condition or complication	
648.04	Diabetes mellitus complicating pregnancy, Childbirth or the puerperium, postpartum condition or complication	
648.8	Abnormal glucose tolerance complicating pregnancy, childbirth or the puerperium, unspecified as to episode of care or not applicable	
648.83	Abnormal glucose tolerance complicating pregnancy, childbirth or the puerperium, antipartum condition or complication	
648.84	Abnormal glucose tolerance complicating pregnancy, childbirth or the puerperium, postpartum condition or complication	
649.20-649.24	Bariatric surgery status complicating pregnancy	
656.60–656.63	Fetal problems affecting management of mother—large for-date of fetus	
657.00–657.03	Polyhydramnios	
680.0–680.9	Carbuncle and furuncle	
686.00–686.9	Infections of skin and subcutaneous tissue	
698.0	Pruritis ani	
698.1	Pruritis of genital organs	
704.1	Hirsutism	
705.0	Anhidrosis	
707.00–707.9	Chronic ulcer of skin	
709.3	Degenerative skin disorders	
729.1	Myalgia	
730.07	Acute osteomyelitis of ankle and foot	
730.17	Chronic osteomyelitis of ankle and foot	
730.27	Unspecified osteomyelitis of 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	
780.33	Post traumatic seizures	
780.39	Seizures, not otherwise specified	
780.4	Dizziness and giddiness	
780.71–780.79	Malaise and fatigue	
780.8	Hyperhidrosis	
781.0	Abnormal involuntary movements	
782.0	Loss of vibratory sensation	
783.1	Abnormal weight gain	
783.2	Abnormal loss of weight	
783.5	Polydipsia	

Glucose Testing...cont'd		82947, 82948, 82962
783.6	Polyphagia	
785.0	Tachycardia	
785.4	Gangrene	
786.01	Hyperventilation	
786.09	Dyspnea,	
786.5	Chest pain, unspecified	
787.60-787.63	Fecal incontinence	
787.91	Diarrhea	
788.41–788.43	Frequency of urination and polyuria	
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 (hyperglycemia)	
791.0	Proteinuria	
791.5	Glycosuria	
796.1	Abnormal reflex	
799.4	Cachexia	
V23.0–V23.9	Supervision of high risk pregnancy	
V58.63	Long-term (current) use of antiplatelets/antithrombotics	
V58.64	Long-term (current) use of non-steroidal anti-inflammatories (NSAID)	
V58.65	Long-term (current) use of steroids	
V58.67	Long-term (current) use of insulin	
V58.69	Long term current use of other medication	
V67.2	Follow-up examination, following chemotherapy	
V67.51	Follow up examination with high-risk medication not elsewhere classified	
V77.1	Screening for diabetes mellitus	

Glycated Protein/Glycohemoglobin

Policy Type: NCD (National Coverage Decision)

<i>CPT CODE(S)</i>	<i>TEST NAME</i>
82985	Glycated protein
83036	Hemoglobin; glycated

ICD-9 CODES	ICD-9 DESCRIPTIONS
211.7	Benign neoplasm of islets of Langerhans
249.00-249.01	Secondary diabetes mellitus without mention of complication
249.10-249.11	Secondary diabetes mellitus with ketoacidosis
249.20-249.21	Secondary diabetes mellitus with hyperosmolarity
249.30-249.31	Secondary diabetes mellitus with other coma
249.40-249.41	Secondary diabetes mellitus with renal manifestations
249.50-249.51	Secondary diabetes mellitus with ophthalmic manifestations
249.60-249.61	Secondary diabetes mellitus with neurological manifestations
249.70-249.71	Secondary diabetes mellitus with peripheral circulatory disorders
249.80-249.81	Secondary diabetes mellitus with other specified manifestations
249.90-249.91	Secondary diabetes mellitus with unspecified complication
250.00–250.93	Diabetes mellitus & various related codes
251.0	Hypoglycemic coma
251.1	Other specified hypoglycemia
251.2	Hypoglycemia unspecified
251.3	Post-surgical hypoinsulinemia
251.4	Abnormality of secretion of glucagon
251.8	Other specified disorders of pancreatic internal secretion
251.9	Unspecified disorder of pancreatic internal secretion
258.01–258.9	Polyglandular dysfunction
271.4	Renal glycosuria
275.01-275.09	Hemochromatosis
577.1	Chronic pancreatitis
579.3	Other and unspecified postsurgical nonabsorption
648.00	Diabetes mellitus complicating pregnancy, Childbirth or the puerperium, unspecified as to episode of care or not applicable
648.03	Diabetes mellitus complicating pregnancy, Childbirth or the puerperium, antepartum condition or complication
648.04	Diabetes mellitus complicating pregnancy, Childbirth or the puerperium, postpartum condition or complication
648.80	Abnormal glucose tolerance complicating pregnancy, childbirth or the puerperium, unspecified as to episode of care or not applicable
648.83	Abnormal glucose tolerance complicating pregnancy, childbirth or the puerperium, antepartum condition or complication
648.84	Abnormal glucose tolerance complicating pregnancy, childbirth or the puerperium, postpartum condition or complication
790.21	Impaired fasting glucose

Glycated Protein/Glycohemoglobin.....continued		82985, 83036
790.22	Impaired glucose tolerance test (oral)	
790.29	Other abnormal glucose	
790.6	Other abnormal blood chemistry (hyperglycemia)	
962.3	Poisoning by insulin 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 use of other medication	

Gonadotropin (hCG)

Policy Type: **NCD (National Coverage Decision)**

<i>CPT CODE(S)</i>	<i>TEST NAME</i>
84702	Gonodotropin, chorionic (hCG); quantitative

ICD-9 CODES	ICD-9 DESCRIPTIONS
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, other (includes malignant neoplasm of contiguous overlapping sites of thymus, heart, and mediastinum whose point of origin cannot be determined)
164.9	Malignant neoplasm of mediastinum, part unspecified
181	Malignant neoplasm of placenta
183.0	Malignant neoplasm of ovary
183.8	Other specified sites of uterine adnexas
186.0	Malignant neoplasm of undescended testes
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 other genital organs
236.1	Neoplasm of uncertain behavior, placenta
338.3	Neoplasm related pain (acute) (chronic)
623.8	Vaginal bleeding
625.9	Pelvic pain
630	Hydatidiform mole
631	Pregnancy, molar
632	Missed abortion
633.90-633.91	Ectopic pregnancy
634.00-634.02	Spontaneous abortion, complicated by genital tract and pelvic infection
640.00-640.03	Threatened abortion
642.30-642.34	Transient hypertension of pregnancy
642.40-642.74	Pre-eclampsia or eclampsia
642.90-642.94	Unspecified hypertension complicating pregnancy, childbirth, or the proerperium
795.89	Other abnormal tumor markers
V10.09	Personal history of malignant neoplasm, other gastrointestinal sites
V10.29	Personal history of malignant neoplasm of other respiratory and intrathoracic organs
V10.43	Personal history of malignant neoplasm, ovary
V10.47	Personal history of malignant neoplasm, testis
V22.0-V22.1	Pregnancy

Hepatitis Panel

Policy Type: NCD (National Coverage Decision)

<i>CPT CODE(S)</i>	<i>TEST NAME</i>
80074	Acute Hepatitis Panel

ICD-9 CODES	ICD-9 DESCRIPTIONS
070.0–070.9	Viral hepatitis
456.0–456.21	Esophageal varices with or without mention of bleeding
570	Acute and subacute necrosis of liver
571.5	Cirrhosis of liver without mention of alcohol
572.0–572.8	Liver abscess and sequelae of chronic liver disease
573.3	Hepatitis, unspecified
780.31	Febrile convulsions
780.32	Complex febrile convulsions
780.33	Post traumatic seizures
780.71	Chronic fatigue syndrome
780.72	Functional quadriplegia
780.79	Other malaise and fatigue
782.4	Jaundice, unspecified, not of newborn
783.0–783.6	Symptoms concerning nutrition, metabolism, and development
784.69	Other symbolic dysfunction
787.01–787.03	Nausea and vomiting
787.04	Bilious emesis
789.00–789.09	Abdominal pain
789.1	Hepatomegaly
789.6	Localized abdominal tenderness (RUQ)
789.7	Colic
790.4	Nonspecific elevation of levels of transaminase or lactic acid dehydrogenase (LDH)
794.8	Nonspecific abnormal results of function
996.82	Complications of transplanted organ, liver
V72.85	Liver transplant recipient evaluation

HIV testing: diagnosis

Policy Type: NCD (National Coverage Decision)

<i>CPT CODE(S)</i>	<i>TEST NAME</i>
86689	Qualitative or semiquantitative immunoassays performed by multiple step methods; HTLV or HIV antibody, confirmatory test (for example, 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; HIV-1
87391	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step; 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, direct probe technique 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	ICD-9 DESCRIPTIONS
003.1	Salmonella septicemia
007.2	Coccidiosis (Isoporiasis)
007.4	Cryptosporidiosis
007.8	Other specified protozoal intestinal diseases
010.00-010.96	Primary tuberculous infection
011.00-011.96	Pulmonary tuberculosis
012.00-012.86	Other respiratory tuberculosis
013.00-013.96	Tuberculosis of meninges and central nervous system
014.00-014.86	Tuberculosis of intestines, peritoneum and mesenteric glands
015.00-015.96	Tuberculosis of bones and joints
016.00-016.96	Tuberculosis of genitourinary system
017.00-017.96	Tuberculosis of other organs
018.00-018.96	Miliary tuberculosis
027.0	Listeriosis
031.0-031.9	Diseases due to other mycobacteria
038.2	Pneumococcal septicemia
038.43	Septicemia (Pseudomonas)
039.0-039.9	Actinomycotic infections (includes Nocardia)
041.7	Pseudomonas infection
042	HIV disease (Acute retroviral syndrome, AIDS-related complex)
046.3	Progressive multifocal leukoencephalopathy
049.0-049.9	Other non-arthropod-borne viral diseases of central nervous system
052.0-052.8	Chickenpox (with complication)

HIV Testing: diagnosis....continued**86689, 86701, 86702, 86703, 87390, 87391,
87534, 87535, 87537, 87538**

053.0–053.9	Herpes zoster
054.0–054.9	Herpes simplex
055.0–055.8	Measles (with complication)
070.20–070.23	Viral hepatitis B with hepatic coma
070.30–070.33	Viral hepatitis B without mention of hepatic coma
070.41	Acute or unspecified hepatitis C with hepatic coma
070.42	Hepatitis delta without mention of active hepatitis B disease with hepatic coma
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 mention of active hepatitis B disease without 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
078.3	Cat-scratch disease
078.5	Cytomegaloviral disease
078.88	Other specified diseases due to Chlamydiae
079.50	Retrovirus unspecified
079.51	HTLV–I
079.52	HTLV–II
079.53	HTLV–III
079.59	Other specified Retrovirus
079.83	Parvovirus B19
079.88	Other specified chlamydial infection
079.98	Unspecified chlamydial infection
085.0–085.9	Leishmaniasis
088.0	Bartonellosis
090.0–090.9	Congenital syphilis
091.0–091.9	Early syphilis symptomatic
092.0–092.9	Early syphilis, latent
093.0–093.9	Cardiovascular syphilis
094.0–094.9	Neurosyphilis
095.0–095.9	Other forms of late syphilis, with symptoms
096	Late syphilis, latent
097.0–097.9	Other and unspecified syphilis
098.0–098.89	Gonococcal infections
099.0	Chancroid
099.1	Lymphogranuloma venereum
099.2	Granuloma inguinale
099.3	Reiter’s disease
099.40–099.49	Other nongonococcal urethritis

HIV Testing: diagnosis....continued		86689, 86701, 86702, 86703, 87390, 87391, 87534, 87535, 87537, 87538
099.50–099.59	Other venereal diseases due to Chlamydia trachomatis	
099.8	Other specified venereal disease	
099.9	Venereal disease unspecified	
110.1	Dermatophytosis of nail	
111.0	Pityriasis versicolor	
112.0–112.9	Candidiasis	
114.0–114.9	Coccidioidomycosis	
115.00–115.99	Histoplasmosis	
116.0–116.2	Blastomycotic infection	
117.3	Aspergillosis	
117.5	Cryptococcosis	
118	Opportunistic mycoses	
127.2	Strongyloidiasis	
130.0–130.9	Toxoplasmosis	
131.01	Trichomonal vulvovaginitis	
132.2	Phthirus pubis	
133.0	Scabies	
136.21-136.29	Specific infections by free living amebae	
136.3	Pneumocystosis	
136.8	Other specified infectious and parasitic disease (for example, microsporidiosis)	
176.0–176.9	Kaposi's sarcoma	
180.0–180.9	Malignant neoplasm of cervix uteri	
200.20–200.28	Burkitt's tumor or lymphoma	
200.80–200.88	Lymphosarcoma, other named variants	
201.00–201.98	Hodgkin's disease	
263.0	Malnutrition of moderate degree	
263.1	Malnutrition of mild degree	
263.9	Unspecified protein-calorie malnutrition	
280.0–280.9	Iron deficiency anemias	
285.9	Anemia, unspecified	
287.30-287.39	Primary thrombocytopenia	
288.00-288.09	Neutropenia	
288.4	Hemophagocytic syndromes	
288.50-288.59	Decreased white blood cell count	
288.60-288.69	Increased white blood cell count	
288.8	Other specified disease of white blood cells	
289.53	Neutropenic splenomegaly	
294.8	Other specified organic brain syndromes (chronic)	
310.1	Organic personality syndrome	
322.2	Chronic meningitis	
331.19	Other frontotemporal dementia	
331.83	Mild cognitive impairment, so stated	
336.9	Unspecified disease of spinal cord	
348.30	Encephalopathy, unspecified	
348.39	Other encephalopathy	
354.0–354.9	Mononeuritis of upper limbs and mononeuritis multiplex	

HIV Testing: diagnosis....continued		86689, 86701, 86702, 86703, 87390, 87391, 87534, 87535, 87537, 87538
356.8	Other specified idiopathic peripheral neuropathy	
363.20	Chorioretinitis, unspecified	
425.4	Other primary cardiomyopathies	
473.0–473.9	Chronic sinusitis	
481–482.9	Pneumococcal pneumonia	
484.1	Pneumonia in cytomegalic inclusion disease	
486	Pneumonia, organism unspecified	
512.81	Primary spontaneous pneumothorax	
512.82	Secondary spontaneous pneumothorax	
512.83	Chronic pneumothorax	
516.8	Other specified alveolar and parietoalveolar pneumonopathies	
528.2	Oral aphthae	
528.6	Leukoplakia of oral mucosa	
530.20	Ulcer of esophagus without bleeding	
530.21	Ulcer of esophagus with bleeding	
530.85	Barrett’s esophagus	
583.9	Nephropathy with unspecified pathological lesion in kidney	
588.81	Secondary hyperparathyroidism (of renal origin)	
588.89	Other specified disorders resulting from impaired renal function	
647.60–647.64	Other viral diseases complicating pregnancy (use for HIV I and II)	
682.0–682.9	Other cellulitis and abscess	
690.10–690.18	Seborrheic dermatitis	
696.1	Other psoriasis	
698.3	Lichenification and lichen simplex chronicus	
704.8	Other specified diseases of hair and hair follicles	
706.0–706.9	Diseases of sebaceous glands	
780.66	Febrile nonhemolytic transfusion reaction	
780.79	Other malaise and fatigue	
783.2	Abnormal loss of weight	
783.4	Lack of expected normal physiological development	
785.6	Enlargement of lymph nodes	
786.00	Respiratory abnormality, unspecified	
786.05	Shortness of breath	
786.2	Cough	
786.30-786.39	Hemoptysis	
786.4	Abnormal sputum	
787.91	Diarrhea	
795.71	Nonspecific serologic evidence of human immunodeficiency virus	
799.4	Wasting disease	
V01.71	Contact or exposure to varicella	
V01.79	Contact or exposure to other viral diseases	
V71.5	Rape	

HIV testing: prognosis, including monitoring

Policy Type: NCD (National Coverage Decision)

<i>CPT CODE(S)</i>	<i>TEST NAME</i>
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	ICD-9 DESCRIPTIONS
042	Human immunodeficiency virus [HIV] disease
079.53	Human immunodeficiency virus, type 2 [HIV-2]
647.60-647.64	Other viral diseases complicating pregnancy (including HIV-I and II)
795.71	Nonspecific serologic evidence of human immunodeficiency virus [HIV]
V08	Asymptomatic human immunodeficiency virus [HIV] infection status

Iron Studies

Policy Type: NCD (National Coverage Decision)

CPT CODE(S)	TEST NAME
82728	Ferritin
83540	Iron
83550	Iron Binding capacity
84466	Transferrin

ICD-9 CODES	ICD-9 DESCRIPTIONS
002.0–002.9	Typhoid and paratyphoid fevers
003.0–003.9	Other salmonella infections
006.0–006.9	Amebiasis
007.0–007.9	Other protozoal intestinal diseases
008.00–008.8	Intestinal infections due to other organisms
009.0–009.3	Ill-defined intestinal infections
011.50–011.56	Tuberculous bronchiectasis
014.00–014.86	Tuberculosis of intestines, peritoneum, and mesenteric glands
015.00–015.96	Tuberculosis of bones and joints
016.00–016.06	Tuberculosis of kidney
016.10–016.16	Tuberculosis of bladder
016.20–016.26	Tuberculosis of ureter
016.30–016.36	Tuberculosis of other urinary organs
042	Human Immunodeficiency virus (HIV) disease
070.0–070.9	Viral hepatitis
140.0–149.9	Malignant neoplasm of lip oral cavity and pharynx
150.0–159.9	Malignant neoplasm of digestive organs and peritoneum
160.0–165.9	Malignant neoplasm of respiratory and intrathoracic organs
170.0–176.9	Malignant neoplasm of bone, connective tissue, skin and breast
179–189.9	Malignant neoplasm of genitourinary organs
190.0–199.2	Malignant neoplasm of other and unspecified sites
200.00–208.92	Malignant neoplasm of lymphatic and hematopoietic tissue
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 tumors of other and unspecified sites
209.30–209.36	Merkel cell carcinoma
209.40–209.43	Benign carcinoid tumors of the small intestine
209.50–209.57	Benign carcinoid tumors of the appendix, large intestine, and rectum
209.60–209.67, 209.69	Benign carcinoid tumor of other and unspecified sites
209.70–209.79	Secondary neuroendocrine tumor
210.0–229.9	Benign neoplasms
230.0–234.9	Carcinoma in situ
235.0–238.9	Neoplasms of uncertain behavior
238.77	Post-transplant lymphoproliferative disorder (PTLD)
239.0–239.89	Neoplasms of unspecified nature

Iron Studies.....continued		82728, 83540, 83550, 84466
249.00-249.91	Secondary diabetes mellitus	
250.00-250.93	Diabetes mellitus	
253.2	Panhypopituitarism	
253.7	Iatrogenic pituitary disorders	
253.8	Other disorders of the pituitary and other syndromes of diencephalohypophyseal origin	
256.3	Other ovarian failure	
257.2	Other testicular hypofunction	
260	Kwashiorkor	
261	Nutritional marasmus	
262	Other severe protein-calorie malnutrition	
263.0-263.9	Other and unspecified protein-calorie malnutrition	
275.01-275.09	Disorders of iron metabolism	
277.1	Disorders of porphyrin metabolism	
280.0-280.9	Iron deficiency anemias	
281.0-281.9	Other deficiency anemias	
282.41	Sickle-cell thalassemia without crisis	
282.42	Sickle-cell thalassemia with crisis	
282.49	Other thalassemia	
282.60-282.69	Sickle-cell anemia	
285.0	Sideroblastic anemia (includes hemochromatosis with refractory anemia)	
285.1	Acute post-hemorrhagic anemia	
285.21	Anemia in chronic kidney disease	
285.22	Anemia in neoplastic disease	
285.29	Anemia of other chronic disease	
285.3	Antineoplastic chemotherapy induced anemia	
285.9	Anemia, unspecified	
286.0-286.9	Coagulation defects (congenital factor disorders)	
287.0-287.9	Purpura and other hemorrhagic conditions	
289.52	Splenic sequestration	
306.4	Physiological malfunction arising from mental factors, gastrointestinal	
307.1	Anorexia nervosa	
307.50-307.59	Other and unspecified disorders of eating	
403.01	Hypertensive kidney disease, malignant, with chronic kidney disease	
403.11	Hypertensive kidney disease, benign, with chronic kidney disease	
403.91	Hypertensive kidney disease, unspecified, with chronic kidney disease	
404.02	Hypertensive heart and kidney disease, malignant, with chronic kidney disease	
404.03	Hypertensive heart and kidney disease, malignant, with heart failure and chronic kidney disease	
404.12	Hypertensive heart and kidney disease, benign, with chronic kidney disease	
404.13	Hypertensive heart and kidney disease, benign, with heart failure and chronic kidney disease	
404.92	Hypertensive heart and kidney disease, unspecified, with chronic kidney disease	

Iron Studies.....continued		82728, 83540, 83550, 84466
404.93	Hypertensive heart and kidney disease, unspecified, with heart failure and chronic kidney disease	
425.4	Other primary cardiomyopathies	
425.5	Alcoholic cardiomyopathy	
425.7	Nutritional and metabolic cardiomyopathy	
425.8	Cardiomyopathy in other diseases classified elsewhere	
425.9	Secondary cardiomyopathy, unspecified	
426.0–426.9	Conduction disorders	
427.0–427.9	Cardiac dysrhythmias	
428.0–428.9	Heart Failure	
530.7	Gastroesophageal laceration-hemorrhage syndrome	
530.82	Esophageal hemorrhage	
531.00–531.91	Gastric ulcer	
532.00–532.91	Duodenal ulcer	
533.00–533.91	Peptic ulcer, site unspecified	
534.00–534.91	Gastrojejunal ulcer	
535.00–535.71	Gastritis and duodenitis	
536.0–536.9	Disorders of function of stomach	
537.83	Angiodysplasia of stomach and duodenum with hemorrhage	
537.84	Dieulafoy lesion (hemorrhagic) of stomach and duodenum	
555.0–555.9	Regional enteritis	
556.0–556.9	Ulcerative colitis	
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	Vomiting of fecal matter	
570	Acute and subacute necrosis of liver	
571.0–571.9	Chronic liver disease and cirrhosis	
572.0–572.8	Liver abscess and sequelae of chronic liver disease	
573.0–573.9	Other disorders of liver	
578.0–578.9	Gastrointestinal hemorrhage	
579.0–579.3	Intestinal malabsorption	
579.8–579.9	Other specified and unspecified intestinal malabsorption	
581.0–581.9	Nephrotic syndrome	
585.4	Chronic kidney disease, Stage IV (severe)	
585.5	Chronic kidney disease, Stage V	
585.6	End stage renal disease	
585.9	Chronic kidney disease, unspecified	
586	Renal failure, unspecified	
608.3	Atrophy of testis	
626.0–626.9	Disorders of menstruation and other abnormal bleeding from female genital tract	

Iron Studies.....continued		82728, 83540, 83550, 84466
627.0	Premenopausal menorrhagia	
627.1	Postmenopausal bleeding	
648.20–648.24	Other current conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium: Anemia	
698.0–698.9	Pruritis and related conditions	
704.00–704.09	Alopecia	
709.00–709.09	Dyschromia	
713.0	Arthropathy associated with other endocrine and matabolic disorders	
716.40–716.99	Other and unspecified arthropathies	
719.40–719.49	Pain in joint	
773.2	Hemolytic disease due to other and unspecified isoimmunization	
773.3	Hydrops fetalis due to isoimmunization	
773.4	Kernicterus due to isoimmunization	
773.5	Late anemia due to isoimmunization	
783.9	Other symptoms concerning nutrition, metabolism and development	
790.01-790.09	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 agents primarily affecting blood constituents, iron compounds	
984.0–984.9	Toxic effect of lead and its compounds (including fumes)	
996.85	Complications of transplanted organ, bone marrow	
999.80	Transfusion reaction, unspecified	
999.83	Hemolytic transfusion reaction, incompatibility unspecified	
999.84	Acute hemolytic transfusion reaction, incompatibility unspecified	
999.85	Delayed hemolytic transfusion reaction, incompatibility unspecified	
999.89	Other transfusion reactions	
V08	Asymptomatic HIV infection	
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	
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	
V43.21	Heart assist device	
V43.22	Fully implantable artificial heart	
V43.3	Heart valve replaced by other means	
V43.4	Blood vessel replaced by other means	
V43.60	Unspecified joint replaced by other means	
V56.0	Extracorporeal dialysis	
V56.8	Other dialysis	

Lipid Testing

Policy Type: NCD (National Coverage Decision)

The lipid NCD is being subdivided into two parts in order to implement the new cardiovascular and diabetes screening benefits that were added to Medicare by the MMA.

<i>CPT CODE(S)</i>	<i>TEST NAME</i>
80061	Lipid panel
82465	Cholesterol, serum, total
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
84478	Triglycerides

ICD-9 CODES	ICD-9 DESCRIPTIONS
242.00–245.9	Disorders of the thyroid gland with hormonal dysfunction
249.00-249.01	Secondary diabetes mellitus without mention of complication
249.10-249.11	Secondary diabetes mellitus with ketoacidosis
249.20-249.21	Secondary diabetes mellitus with hyperosmolarity
249.30-249.31	Secondary diabetes mellitus with other coma
249.40-249.41	Secondary diabetes mellitus with renal manifestations
249.50-249.51	Secondary diabetes mellitus with ophthalmic manifestations
249.60-249.61	Secondary diabetes mellitus with neurological manifestations
249.70-249.71	Secondary diabetes mellitus with peripheral circulatory disorders
249.80-249.81	Secondary diabetes mellitus with other specified manifestations
249.90-249.91	Secondary diabetes mellitus with unspecified complication
250.00–250.93	Diabetes mellitus
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	Hyperglyceridemia
272.2	Mixed hyperlipidemia (tuberous xanthoma)
272.3	Hyperchylomicronemia
272.4	Other and unspecified hyperlipidemia (unspecified xanthoma)
272.5	Lipoprotein deficiencies
272.6	Lipodystrophy
272.7	Lipidoses
272.8	Other disorders of lipid metabolism

Lipid Testing.....continued		80061, 82465, 83718, 84478
272.9	Unspecified disorders of lipid metabolism	
277.30-277.39	Amyloidosis	
278.00	Obesity	
278.01	Morbid obesity	
278.02	Overweight	
278.03	Obesity hypoventilation syndrome	
303.90-303.92	Alcoholism	
362.10-362.16	Other background retinopathy and retinal vascular change	
362.30-362.34	Retinal vascular occlusion	
362.82	Retinal exudates and deposits	
371.41	Corneal arcus, juvenile	
374.51	Xanthelasma	
379.22	Crystalline deposits in vitreous	
388.00	Degenerative & vascular disorder of ear, unspecified	
388.02	Transient ischemic deafness	
401.0, 401.1, 401.9	Essential hypertension	
402.00-402.91	Hypertensive heart disease	
403.00-403.91	Hypertensive kidney disease	
404.00-404.93	Hypertensive heart and kidney disease	
405.01-405.99	Secondary hypertension	
410.00-410.92	Acute myocardial infarction	
411.0-411.1	Other acute & subacute forms of ischemic heart disease	
411.81	Coronary occlusion without myocardial infarction	
411.89	Other acute and subacute ischemic heart disease	
412	Old myocardial infarction	
413.0-413.1	Angina pectoris	
413.9	Other and unspecified angina pectoris	
414.00-414.03	Coronary atherosclerosis	
414.04	Coronary athrscl-artery bypass graft	
414.05	Coronary athrscl-unspec graft	
414.06	Coronary athrscl-of 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	Coronary vessel aneurysm	
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	Heart failure	
429.2	Arteriosclerotic cardiovascular disease	
429.9	Heart disease NOS	
431	Intracerebral hemorrhage	
433.00-433.91	Occlusion & stenosis of precerebral arteries	
434.00-434.91	Occlusion of cerebral arteries	
435.0-435.9	Transient cerebral ischemia	
437.0	Other & ill-defined cerebrovascular disease	

Lipid Testing.....continued		80061, 82465, 83718, 84478
437.1	Other generalized ischemic cerebrovascular disease	
437.5	Moyamoya disease	
438.0–438.9	Late effects of cerebrovascular disease	
440.0–440.9	Arteriosclerosis	
441.00–441.9	Aortic aneurysms	
442.0	Upper extremity aneurysm	
442.1	Renal artery aneurysm	
442.2	Iliac artery aneurysm	
444.0–444.9	Arterial embolism & thrombosis	
557.1	Chronic vascular insufficiency of intestine	
571.8	Other chronic non-alcoholic liver disease	
571.9	Unspecified chronic liver disease without mention of alcohol	
573.8	Other specified disorders of liver	
573.9	Unspecified disorders of liver	
577.0–577.9	Pancreatic disease	
579.3	Other & unspecified postsurgical nonabsorption	
579.8	Other specified intestinal malabsorption	
581.0–581.9	Nephrotic syndrome	
584.5	Acute renal failure with lesion of tubular necrosis	
585.4	Chronic kidney disease, Stage IV (severe)	
585.5	Chronic kidney disease, Stage V	
585.6	End stage renal disease	
585.9	Chronic kidney disease, 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	
607.84	Impotence of organic origin, penis disorder	
646.70–646.71	Liver disorders in pregnancy	
646.73	Liver disorder antepartum	
648.10–648.14	Thyroid dysfunction in pregnancy and the puerperium	
696.0	Psoriatic arthropathy	
696.1	Other psoriasis	
751.61	Biliary atresia	
764.10–764.19	“Light for dates” with signs of fetal malnutrition	
786.50	Chest pain, unspecified	
786.51	Precordial pain	
786.59	Chest pain, other	
789.1	Hepatomegaly	
790.4	Abnormal transaminase	
790.5	Abnormal alkaline phosphatase	
790.6	Other abnormal blood chemistry	
793.4	Abnormal imaging study	
987.9	Toxic effect of unspecified gas or vapor	
996.81	Complication of transplanted organ, kidney	
V42.0	Transplanted organ, kidney	

Lipid Testing.....continued		80061, 82465, 83718, 84478
V42.7	Organ replacement by transplant, liver	
V58.63	Long-term (current) use of antiplatelets/antithrombotics	
V58.64	Long-term (current) use of non-steroidal anti-inflammatories (NSAID)	
V58.69	Long term (current) use of other medications	

The following are screening codes that Medicare will cover only once every 5 years. Please advise your patient that Medicare may deem this test patient responsibility based on this frequency limitation.

V81.0	Screening for ischemic heart disease
V81.1	Screening for hypertension
V81.2	Screening for other unspecified cardiovascular conditions

Lipid Testing

Policy Type: NCD (National Coverage Decision)

The lipid NCD is being subdivided into two parts in order to implement the new cardiovascular and diabetes screening benefits that were added to Medicare by the MMA.

CPT CODE(S)	TEST NAME
83700	Lipoprotein, blood; electrophoretic separation and quantitation
83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed
83704	Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle subclasses (e.g., by nuclear magnetic resonance spectroscopy)
83721	Lipoprotein, direct measurement, LDL cholesterol

ICD-9 CODES	ICD-9 DESCRIPTIONS
242.00–245.9	Disorders of the thyroid gland with hormonal dysfunction
249.00-249.01	Secondary diabetes mellitus without mention of complication
249.10-249.11	Secondary diabetes mellitus with ketoacidosis
249.20-249.21	Secondary diabetes mellitus with hyperosmolarity
249.30-249.31	Secondary diabetes mellitus with other coma
249.40-249.41	Secondary diabetes mellitus with renal manifestations
249.50-249.51	Secondary diabetes mellitus with ophthalmic manifestations
249.60-249.61	Secondary diabetes mellitus with neurological manifestations
249.70-249.71	Secondary diabetes mellitus with peripheral circulatory disorders
249.80-249.81	Secondary diabetes mellitus with other specified manifestations
249.90-249.91	Secondary diabetes mellitus with unspecified complication
250.00–250.93	Diabetes mellitus
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	Hyperglyceridemia
272.2	Mixed hyperlipidemia (tuberous xanthoma)
272.3	Hyperchylomicronemia
272.4	Other and unspecified hyperlipidemia (unspecified xanthoma)
272.5	Lipoprotein deficiencies
272.6	Lipodystrophy
272.7	Lipidoses

Lipid Testing.....continued		83715, 83704, 83716, 83721
272.8	Other disorders of lipid metabolism	
272.9	Unspecified disorders of lipid metabolism	
277.3	Amyloidosis	
278.00	Obesity	
278.01	Morbid obesity	
303.90–303.92	Alcoholism	
362.10–362.16	Other background retinopathy and retinal vascular change	
362.30–362.34	Retinal vascular occlusion	
362.82	Retinal exudates and deposits	
371.41	Corneal arcus, juvenile	
374.51	Xanthelasma	
379.22	Crystalline deposits in vitreous	
388.00	Degenerative & vascular disorder of ear, unspecified	
388.02	Transient ischemic deafness	
401.0, 401.1, 401.9	Essential hypertension	
402.00–402.91	Hypertensive heart disease	
403.00–403.91	Hypertensive renal disease	
404.00–404.93	Hypertensive heart and renal disease	
405.01–405.99	Secondary hypertension	
410.00–410.92	Acute myocardial infarction	
411.0–411.1	Other acute & subacute forms of ischemic heart disease	
411.81	Coronary occlusion without myocardial infarction	
411.89	Other acute and subacute ischemic heart disease	
412	Old myocardial infarction	
413.0–413.1	Angina pectoris	
413.9	Other and unspecified angina pectoris	
414.00–414.03	Coronary atherosclerosis	
414.04	Coronary athrscl-artery bypass graft	
414.05	Coronary athrscl-unspec graft	
414.06	Coronary athrscl-of 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	Coronary vessel aneurysm	
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	Heart failure	
429.2	Arteriosclerotic cardiovascular disease	
429.9	Heart disease NOS	
431	Intracerebral hemorrhage	
433.00–433.91	Occlusion & stenosis of precerebral arteries	
434.00–434.91	Occlusion of cerebral arteries	
435.0–435.9	Transient cerebral ischemia	
437.0	Other & ill-defined cerebrovascular disease	
437.1	Other generalized ischemic cerebrovascular disease	

Lipid Testing.....continued		83715, 83704, 83716, 83721
437.5	Moyamoya disease	
438.0–438.9	Late effects of cerebrovascular disease	
440.0–440.9	Arteriosclerosis	
441.00–441.9	Aortic aneurysms	
442.0	Upper extremity aneurysm	
442.1	Renal artery aneurysm	
442.2	Iliac artery aneurysm	
444.0–444.9	Arterial embolism & thrombosis	
557.1	Chronic vascular insufficiency of intestine	
571.8	Other chronic non-alcoholic liver disease	
571.9	Unspecified chronic liver disease without mention of alcohol	
573.8	Other specified disorders of liver	
573.9	Unspecified disorders of liver	
577.0–577.9	Pancreatic disease	
579.3	Other & unspecified postsurgical nonabsorption	
579.8	Other specified intestinal malabsorption	
581.0–581.9	Nephrotic syndrome	
584.5	Acute renal failure with lesion of tubular necrosis	
585.4	Chronic kidney disease, Stage IV (severe)	
585.5	Chronic kidney disease, Stage V	
585.6	End stage renal disease	
585.9	Chronic kidney disease, 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	
607.84	Impotence of organic origin, penis disorder	
646.70–646.71	Liver disorders in pregnancy	
646.73	Liver disorder antepartum	
648.10–648.14	Thyroid dysfunction in pregnancy and the puerperium	
696.0	Psoriatic arthropathy	
696.1	Other psoriasis	
751.61	Biliary atresia	
764.10–764.19	“Light for dates” with signs of fetal malnutrition	
786.50	Chest pain, unspecified	
786.51	Precordial pain	
786.59	Chest pain, other	
789.1	Hepatomegaly	
790.4	Abnormal transaminase	
790.5	Abnormal alkaline phosphatase	
790.6	Other abnormal blood chemistry	
793.4	Abnormal imaging study	
987.9	Toxic effect of unspecified gas or vapor	
996.81	Complication of transplanted organ, kidney	
V42.0	Transplanted organ, kidney	
V42.7	Organ replacement by transplant, liver	

Lipid Testing.....continued		83715, 83704, 83716, 83721
V58.63	Long-term (current) use of antiplatelets/antithrombotics	
V58.64	Long-term (current) use of non-steroidal anti-inflammatories (NSAID)	
V58.69	Long term (current) use of other medications	

Occult Blood, Diagnostic

Policy Type: NCD (National Coverage Decision)

CPT CODE(S)	TEST NAME
82272	Blood, occult, by peroxidase activity (e.g. guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening

ICD-9 CODES	ICD-9 DESCRIPTIONS
003.0	Salmonella gastroenteritis
003.1	Salmonella septicemia
004.0–004.9	Shigellosis
005.0–005.9	Other food poisoning (bacterial)
006.0–006.9	Amebiasis
007.0–007.9	Other protozoal intestinal diseases
008.41–008.49	Intestinal infections due to other specified bacteria
009.0–009.3	Ill defined intestinal infections
014.00–014.86	Tuberculosis of intestines, peritoneum, and mesenteric glands
040.2	Whipple’s disease
095.2	Syphilitic peritonitis
095.3	Syphilis of liver
098.0	Gonococcal infections, acute, lower enitourinary tract
098.7	Gonococcal infection anus and rectum
098.84	Gonococcal endocarditis
123.0–123.9	Other cestode infection
124	Trichinosis
127.0–127.9	Other intestinal helminthiases
139.8	Late effects of other and unspecified infectious and parasitic diseases
150.0–157.9	Malignant neoplasm of digestive organisms
159.0–159.9	Malignant neoplasm of other and ill-defined sites within the digestive organs and peritoneum
176.3	Kaposi’s sarcoma, gastrointestinal sites
197.4–197.5	Secondary malignant neoplasm of intestines
197.8	Secondary malignant neoplasm of other digestive organs and spleen
199.0	Disseminated malignant neoplasm
204.00–204.92	Lymphoid leukemia
205.00–208.92	Leukemia
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
209.40–209.43	Benign carcinoid tumors of the small intestine
209.50–209.57	Benign carcinoid tumors of the appendix, large intestine, and rectum
209.70–209.74	Secondary neuroendocrine tumor
209.75	Secondary Merkel cell carcinoma
209.79	Secondary neuroendocrine tumor of other sites
211.0–211.9	Benign neoplasm of other parts of digestive system
228.04	Hemangioma of intra-abdominal structures

Occult Blood.....continued		82270
230.2–230.9	Carcinoma in situ of digestive organs	
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, digestive system	
280.0–280.9	Iron deficiency anemias	
284.2	Myelophthisis	
285.0–285.9	Other and unspecified anemias	
286.0–286.9	Coagulation defects	
287.0–287.9	Purpura and other hemorrhagic conditions	
338.3	Neoplasm related pain (acute) (chronic)	
448.0	Hereditary hemorrhagic telangiectasia	
455.0–455.8	Hemorrhoids	
456.0–456.21	Esophageal varices with or without mention of bleeding	
530.10–535.61	Diseases of the esophagus, stomach, and duodenum	
530.86	Infection of esophagostomy	
530.87	Mechanical complication of esophagostomy	
535.70–535.71	Eosinophilic gastritis	
536.2	Persistent vomiting	
536.8–536.9	Dyspepsia and other specified and unspecified functional disorders of the stomach	
537.0–537.4	Other disorders of stomach and duodenum	
537.82–537.83	Angiodysplasia of stomach and duodenum	
537.84	Dieulafoy lesion (hemorrhagic) of stomach and duodenum	
537.89	Other specified disorders of stomach and duodenum	
555.0–558.9	Non-infectious enteritis and colitis	
560.0–560.39	Intestinal obstruction/impaction without mention of hernia	
562.10–562.13	Diverticulosis/diverticulitis of colon	
564.00–564.9	Functional digestive disorders, not elsewhere classified	
565.0–565.1	Anal fissure and fistula	
569.0	Anal and rectal polyp	
569.1	Rectal prolapse	
569.3	Hemorrhage of rectum and anus	
569.41–569.49	Other specified disorders of rectum and anus	
569.82–569.83	Ulceration and perforation of intestine	
569.84–569.85	Angiodysplasia of intestine with or without mention of hemorrhage	
569.86	Dieulafoy lesion (hemorrhagic) of intestine	
569.87	Vomiting of fecal matter	
571.0–571.9	Chronic liver disease and cirrhosis	
577.0–577.9	Diseases of the pancreas	
578.0–578.9	Gastrointestinal hemorrhage	
579.0	Celiac disease	
579.8	Other specified intestinal malabsorption	
596.1	Intestino-vesical fistula	
617.5	Endometriosis of intestine	
780.71	Chronic fatigue syndrome	
780.72	Functional quadriplegia	
780.79	Other malaise and fatigue	
783.0	Anorexia	

Occult Blood.....continued		82270
783.21	Abnormal loss of weight	
787.01–787.03	Nausea and vomiting	
787.04	Bilious emesis	
787.1	Heartburn	
787.20-787.29	Dysphagia	
787.7	Abnormal feces	
787.91	Diarrhea	
787.99	Other symptoms involving digestive system	
789.00–789.09	Abdominal pain	
789.30–789.39	Abdominal or pelvic swelling, mass, or lump	
789.40–789.49	Abdominal rigidity	
789.51-789.59	Ascites	
789.60–789.69	Abdominal tenderness	
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, abdominal area, including retroperitoneum	
794.8	Nonspecific abnormal results of function studies, liver	
863.0–863.99	Injury to gastrointestinal tract	
864.00–864.09	Injury to liver without mention of open wound into cavity	
864.11–864.19	Injury to liver with open wound into cavity	
866.00–866.03	Injury to kidney without mention of open wound into cavity	
866.10–866.13	Injury to kidney with open wound into cavity	
902.0–902.9	Injury to blood vessels of abdomen and pelvis	
926.11–926.19	Crushing injury of trunk, other specified sites	
926.8	Crushing injury of trunk, multiple sites	
926.9	Crushing injury of trunk, unspecified site	
964.2	Poisoning by agents primarily affecting blood constituents, anticoagulants	
995.20	Unspecified adverse effect of drug, medicinal, and biological substance	
995.24	Failed moderate sedation during procedure	
V10.00–V10.09	Personal history of malignant neoplasm, 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-V58.65	Long term (current) drug use	
V58.66	Long term (current) use of aspirin	
V58.69	Long term (current) use of other medications	
V67.51	Following treatment with high risk medication, not elsewhere specified	

Partial Thromboplastin Time (PTT)

Policy Type: NCD (National Coverage Decision)

CPT CODE(S)	TEST NAME
85730	Thromboplastin time, partial (PTT); plasma or whole blood

ICD-9 CODES	ICD-9 DESCRIPTIONS
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
120.0	Schistosomiasis haematobium
121.1	Clonorchiasis
121.3	Fascioliasis
124	Trichinosis
135	Sarcoidosis
155.0–155.2	Malignant neoplasm of liver and intrahepatic bile ducts
197.7	Malignant neoplasm of liver, specified as secondary
238.4	Polycythemia vera
238.71-238.79	Lymphatic and hemapoietic 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 uncontrolled
249.41	Secondary diabetes mellitus with renal manifestations, uncontrolled
250.40–250.43	Diabetic with renal manifestations
269.0	Deficiency of Vitamin K
273.0–273.9	Disorders of plasma protein metabolism
275.01–275.9	Disorders of iron metabolism
277.1	Disorders of porphyrin metabolism
277.30-277.39	Amyloidosis
285.1	Acute posthemorrhagic anemia
286.0	Congenital factor VIII disorder—Hemophilia A
286.1	Congenital factor IX disorder—Hemophilia B
286.2–286.3	Other congenital factor deficiencies
286.4	von Willebrand’s disease
286.52	Acquired hemophilia
286.53	Antiphospholipid antibody with hemorrhagic disorder
286.59	Other hemorrhagic disorder due to intrinsic circulating anticoagulants, antibodies, or inhibitors
286.6	Defibrination syndrome

PTT.....continued		85730
286.7	Acquired coagulation factor deficiency	
286.9	Other and unspecified coagulation defects	
287.0–287.9	Purpura and other hemorrhagic conditions	
289.0	Polycythemia, secondary	
289.81	Primary hypercoagulable state	
325	Phlebitis and thrombophlebitis of intracranial ventricles sinuses	
360.43	Hemophthalmos, except current injury	
362.30–362.37	Retinal vasclar occlusion	
362.43	Hemorrhagic detachmentof retinal pigment epithelium	
362.81	Retinal hemorrhage	
363.6	Choroidal hemorrhage	
363.72	Choroidal detachment	
368.9	Unspecified Visual Disturbances	
372.72	Conjunctive 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, 403.11, 403.91	Hypertensive kidney disease with chronic kidney disease	
404.02, 404.12, 404.92	Hypertensive heart and kidney disease with chronic kidney disease	
410.00–410.92	Acute myocardial infarction	
423.0	Hemopericardium	
427.31	Atrial fibrillation	
427.9	Cardiac dysrhythmias, unspecified	
428.0	Congestive heart failure, unspecified	
429.79	Mural thrombus	
430–432.9	Cerebral hemorrhage	
433.00–433.91	Occlusion and stenosis of precerebral arteries	
434.00–434.91	Occlusion of cerebral arteries	
435.9	Focal neurologic deficit	
444.01–444.9	Arterial embolism and thrombosis	
446.6	Thrombotic microangiopathy	
447.2	Rupture of artery	
448.0	Hereditary Hemorrhagic telangiectasia	
451.0–451.9	Phlebitis and thrombophlebitis	
453.0–453.9	Other Venous emboli and thrombosis	
456.0	Esophageal varices with bleeding	
456.1	Esophageal varices without bleeding	
456.8	Varices of other sites	
459.89	Ecchymosis	
530.7	Gastroesophageal laceration—hemorrhage syndrome	
530.82	Esophgaeal hemorrhage	
531.00–535.71	Gastric-Duodenal ulcer disease	
537.83	Angiodysplasia of stomach and duodenum with hemorrhage	
537.84	Dieulafoy lesion (hemorrhagic) of stomach and duodenum	

PTT.....continued		85730
556.0–557.9	Hemorrhagic bowel disease	
562.02–562.03	Diverticulosis of small intestine with hemorrhage	
562.12	Diverticulosis of colon with hemorrhage	
562.13	Diverticulitis of colon without hemorrhage	
568.81	Hemoperitoneum (nontraumatic)	
569.3	Hemorrhage of rectum and anus	
570	Acute and subacute necrosis of liver	
571.0–573.9	Liver disease (in place of specific codes listed)	
576.0–576.9	Biliary tract disorders	
577.0	Acute pancreatitis	
578.0–578.9	Gastrointestinal Hemorrhage	
579.0–579.9	Malabsorption	
581.0–581.9	Nephrotic Syndrome	
583.9	Nephritis, with unspecified pathological lesion in kidney	
584.5–584.9	Acute Renal Failure	
585.4	Chronic kidney disease, Stage IV (severe)	
585.5	Chronic kidney disease, Stage V	
585.6	End stage renal disease	
585.9	Chronic kidney disease, unspecified	
586	Renal failure	
593.81–593.89	Other disorders of kidney and ureter, with hemorrhage	
596.7	Hemorrhage into bladder wall	
596.81	Infection of cystostomy	
596.82	Mechanical complication of cystostomy	
596.83	Other complication of cystostomy	
596.89	Other specified disorders of bladder	
599.70-599.72	Hematuria	
607.82	Penile hemorrhage	
608.83	Vascular disorders of male genital organs	
611.89	Other specified disorders of breast, including hematoma	
620.7	Hemorrhage of broad ligament	
621.4	Hematometra	
622.8	Other specified disorders of cervix, with hemorrhage	
623.6	Vaginal hematoma	
623.8	Other specified diseases of the vagina, with hemorrhage	
624.5	Hematoma of vulva	
626.6	Metrorrhagia	
626.7	Postcoital bleeding	
627.0	Premenopausal bleeding	
627.1	Postmenopausal bleeding	
629.0	Hematocele female not elsewhere classified	
632	Missed abortion	
634.00–634.92	Spontaneous abortion	
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 attempt abortion, complicated by delayed or excessive hemorrhage	

PTT.....continued		85730
639.1	Delayed or excessive hemorrhage following abortion and ectopic and molar pregnancies	
639.6	Complications following abortion and ectopic and molar pregnancies, embolism	
640.00–640.93	Hemorrhage in early pregnancy	
641.00–641.93	Antepartum hemorrhage	
642.00–642.94	Hypertension complicating pregnancy, childbirth, and the puerperium	
646.70–646.73	Liver disorders in pregnancy	
649.30–649.34	Coagulation defects complicating pregnancy, childbirth, or the puerperium	
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	
671.20–671.54	Phlebitis in pregnancy	
673.00–673.84	Obstetrical pulmonary embolus	
674.30–674.34	Other complications of surgical wounds, with hemorrhage	
710.0	Systemic Lupus erythematosus	
713.2	Arthropathy associated with hematologic disorders (note: may not be used without indicating associated condition first)	
713.6	Arthropathy associated with Henoch Schoenlein (note: may not be used without indicating associated condition first)	
719.10–719.19	Hemarthrosis	
729.5	Leg pain/calf pain	
729.81	Swelling of limb	
733.1	Pathologic fracture associated with fat embolism	
762.1	Other forms of placental separation with hemorrhage (affecting newborn code do not assign to mother's record)	
764.90–764.99	Fetal intrauterine growth retardation	
767.0–767.11	Subdural and cerebral hemorrhage	
767.8	Other specified birth trauma, with hemorrhage	
770.3	Fetal and newborn pulmonary hemorrhage	
772.0–772.9	Fetal and neonatal hemorrhage	
774.0–774.7	Other perinatal jaundice	
776.0–776.9	Hemorrhagic disease of the newborn	
780.2	Syncope	
782.4	Jaundice, unspecified, not of newborn	
782.7	Spontaneous ecchymoses Petechiae	
784.7	Epistaxis	
784.8	Hemorrhage from throat	
785.4	Gangrene	
785.50	Shock	
786.05	Shortness of breath	
786.30–786.39	Hemoptysis	
786.50	Chest pain, unspecified	

PTT.....continued		85730
786.59	Chest pain	
789.00–789.09	Abdominal pain	
789.7	Colic	
790.92	Abnormal coagulation profile	
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 fracture, skull	
804.00–804.99	Multiple fractures, skull	
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	Fracture of pelvis	
809.0–809.1	Fracture 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	Fracture of radius and ulna, shaft, open	
813.50–813.54	Fracture of radius and ulna, lower end, open	
813.90–813.93	Fracture of radius and ulna, unspecified part, open	
819.0–819.1	Multiple fractures	
820.00–821.39	Femur	
823.00–823.92	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	
863.0–863.99	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	
964.2	Poisoning by anticoagulants	

PTT.....continued		85730
964.5	Poisoning by anticoagulant antagonists	
964.7	Poisoning by natural blood and blood products	
980.0	Toxic effects of alcohol	
989.5	Snake venom	
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 and biological substance	
996.7	Other complications of internal prosthetic device	
997.02	Iatrogenic cerebrovascular infarction or hemorrhage	
998.11	Hemorrhage or hematoma complicating a procedure	
998.12	Hematoma complicating a procedure	
999.2	Other vascular complications of medical care	
V12.3	Personal history of diseases of blood and blood forming organs	
V58.2	Admission for Transfusion of blood products	
V58.61	Long term (current use) of anticoagulants	
V58.83	Encounter for therapeutic drug monitoring	

Prostate Specific Antigen (PSA), Total

Policy Type: NCD (National Coverage Decision)

<i>CPT CODE(S)</i>	<i>TEST NAME</i>
84153	Prostate Specific Antigen (PSA), total

ICD-9 CODES	ICD-9 DESCRIPTIONS
185	Malignant neoplasm of prostate
188.5	Malignant neoplasm of bladder neck
196.5	Secondary malignant neoplasm, lymph nodes inguinal region and lower limb
196.6	Secondary malignant neoplasm, intrapelvic lymph nodes
196.8	Secondary malignant neoplasm, lymph nodes of multiple sites
198.5	Secondary malignant neoplasm, bone and bone marrow
198.82	Secondary malignant neoplasm, genital organs
233.4	Carcinoma in situ, prostate
236.5	Neoplasm of uncertain behavior of prostate
239.5	Neoplasm of unspecified nature, other genitourinary organs
596.0	Bladder neck obstruction
599.60	Urinary obstruction, unspecified
599.69	Urinary obstruction, not elsewhere classified
599.70-599.72	Hematuria
600.00	Hypertrophy (benign) 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	Unspecified prostatitis
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
793.6/793.7	Non-specific abnormal result of radiologic examination, evidence of malignancy
794.9	Bone scan evidence of malignancy
V10.46	Personal history of malignant neoplasm; prostate

Prothrombin Time

Policy Type: NCD (National Coverage Decision)

CPT CODE(S)	TEST NAME
85610	Prothrombin Time

ICD-9 CODES	ICD-9 DESCRIPTIONS
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
200.00–200.88	Lymphosarcoma and reticulosarcoma
202.00–202.98	Nodular and other Lymphomas
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	Histocytic and mast cells—neoplasm of uncertain behavior
238.6	Plasma cells—neoplasm of uncertain behavior

PT.....continued		85610
238.71-238.79	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 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	
273.0-273.9	Disorders of plasma protein metabolism	
275.01-275.09	Disorders of iron metabolism	
277.1	Disorders of porphyrin metabolism	
277.30-277.39	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	Arteriosclerotic dementia	
325	Phlebitis and thrombophlebitis of intracranial venous sinuses	
342.90-342.92	Hemiplegia NOS	
360.43	Hemophthalmios, 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	
386.5	Labyrinthine dysfunction, unspecified	
394.0-394.9	Diseases of the mitral valve	

PT.....continued		85610
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 kidney disease with chronic kidney disease	
404.02, 404.12, 404.92	Hypertensive heart and kidney disease with chronic kidney 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	
414.12	Dissection of coronary artery	
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	
424.9	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 certain 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	
440.0–440.9	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	

PT.....continued		85610
448.9	Other and unspecified capillary diseases	
451.0–451.9	Phlebitis and thrombophlebitis	
452	Portal vein thrombosis	
453.0–453.9	Other venous embolism and thrombosis	
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	Postphlebitis syndrome	
459.2	Compression of vein	
459.81	Venous (peripheral) insufficiency, unspecified	
459.89	Other, other specified disorders of circulatory system	
511.81-511.89	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	
531.00–535.71	Gastric ulcer, duodenal ulcer, peptic ulcer, gastrojejunal ulcer, gastritis and duodenitis	
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 coma	
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	
584.5–584.9	Acute Renal Failure	
585.4	Chronic kidney disease, Stage IV (severe)	
585.5	Chronic kidney disease, Stage V	
585.6	End stage renal disease	

PT.....continued		85610
585.9	Chronic kidney disease, unspecified	
586	Renal failure, unspecified	
593.81–593.89	Other specified disorders of kidney and ureter	
596.7	Hemorrhage into bladder wall	
596.8	Other specified disorders of bladder	
599.70-599.72	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	Hemorrhage 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	
649.30-649.34	Coagulation defects complicating pregnancy, childbirth, or the puerperium	
649.50-649.53	Spotting complicating pregnancy	
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	
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	

PT.....continued		85610
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	Subdural and cerebral hemorrhage	
767.8	Other specified birth trauma	
770.3	Pulmonary hemorrhage	
772.0–772.9	Fetal and neonatal hemorrhage	
774.6	Unspecified fetal and neonatal jaundice	
776.0–776.9	Hemorrhagic disease of the 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	
785.5	Shock without mention of trauma	
786.05	Shortness of breath	
786.30-786.39	Hemoptysis	
786.50	Chest pain, no other symptoms	
786.51	Precordial pain	
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	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	

PT.....continued		85610
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	
852.00–852.59	Subarachnoid, subdural, and extradural hemorrhage, following injury	
853.00–853.19	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	
863.0–863.99	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 and 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	
999.80	Transfusion reaction, unspecified	
999.83	Hemolytic transfusion reaction, incompatibility unspecified	
999.84	Acute hemolytic transfusion reaction, incompatibility unspecified	

PT.....continued		85610
999.85	Delayed hemolytic transfusion reaction, incompatibility unspecified	
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-V12.59	Diseases of circulatory system	
V15.1	Personal history of surgery to heart and great vessels	
V15.21-V15.29	Personal history of surgery of other major 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	
V42.8	Other specified organ or tissue replaced by transplant	
V43.21	Heart assist device	
V43.22	Fully implantable artificial heart	
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	

Thyroid Testing

Policy Type: NCD (National Coverage Decision)

CPT CODE(S)	TEST NAME
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	ICD-9 DESCRIPTIONS
017.50-017.56	Tuberculosis of the thyroid gland
183.0	Malignant neoplasm of ovary
193	Malignant neoplasm of thyroid gland
194.8	Malignant neoplasm of other endocrine glands and related structures, other
198.89	Secondary malignant neoplasm of the thyroid
220	Benign neoplasm of ovary
226	Benign neoplasm of thyroid gland
227.3	Benign neoplasm of pituitary gland and craniopharyngeal duct
234.8	Carcinoma in situ of other and unspecified sites
237.4	Neoplasm of uncertain behavior of other and unspecified endocrine glands
239.7	Neoplasm of unspecified nature, thyroid gland
240.0-240.9	Goiter specified and unspecified
241.0-241.9	Nontoxic nodular goiter
242.00-242.91	Thyrotoxicosis with or without goiter
243	Congenital hypothyroidism
244.0-244.9	Acquired hypothyroidism
245.0-245.9	Thyroiditis
246.0-246.9	Other disorders of thyroid
249.00-249.01	Secondary diabetes mellitus without mention of complication
249.10-249.11	Secondary diabetes mellitus with ketoacidosis
249.20-249.21	Secondary diabetes mellitus with hyperosmolarity
249.30-249.31	Secondary diabetes mellitus with other coma
249.40-249.41	Secondary diabetes mellitus with renal manifestations
249.50-249.51	Secondary diabetes mellitus with ophthalmic manifestations
249.60-249.61	Secondary diabetes mellitus with neurological manifestations
249.70-249.71	Secondary diabetes mellitus with peripheral circulatory disorders
249.80-249.81	Secondary diabetes mellitus with other specified manifestations
249.90-249.91	Secondary diabetes mellitus with unspecified complication
250.00-250.93	Diabetes mellitus
252.1	Hypoparathyroidism
253.1	Other and unspecified anterior pituitary hyper function
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

Thyroid Testing.....continued		84436, 84439, 84443, 84479
255.42	Mineralocorticoid deficiency	
256.31-256.39	Ovarian failure	
257.2	Testicular hypofunction	
258.01-258.9	Polyglandular dysfunction	
262	Malnutrition, severe	
263.0-263.9	Malnutrition, other and unspecified	
266.0	Ariboflavinosis	
272.0	Pure hypercholesterolemia	
272.2	Mixed hyperlipidemia	
272.4	Other and unspecified hyperlipidemia	
275.40-275.49	Calcium disorders	
275.5	Hungry bone syndrome	
276.0	Hyposmolality and/or hypernatremia	
276.1	Hyposmolality and/or hyponatremia	
278.3	Hypercarotinemias	
279.41	Autoimmune lymphoproliferative syndrome	
279.49	Autoimmune disease, not elsewhere classified	
281.0	Pernicious anemia	
281.9	Unspecified deficiency anemia	
283.0	Autoimmune hemolytic anemia	
285.9	Anemia, unspecified	
290.0	Senile dementia, uncomplicated	
290.10-290.13	Presenile dementia	
290.20-290.21	Senile dementia with delusional or depressive features	
290.3	Senile dementia with delirium	
293.0-293.1	Delirium	
293.81-293.89	Transient organic mental disorders	
294.8	Other specified organic brain syndromes	
296.00-296.99	Affective psychoses	
297.0	Paranoid state, simple	
297.1	Paranoia	
297.9	Unspecified paranoid state	
298.3	Acute paranoid reaction	
300.00-300.09	Anxiety states	
307.9	Agitation—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 cramp	
327.8	Other organic sleep disorders	
331.0-331.2	Alzheimer's, pick's disease, Senile degeneration of brain	
331.83	Mild cognitive impairment, so stated	
333.1	Essential and other specified forms of tremor	

Thyroid Testing.....continued		84436, 84439, 84443, 84479
333.99	Other extrapyramidal diseases and abnormal movement disorders	
354.0	Carpal Tunnel syndrome	
356.9	Idiopathic peripheral neuropathy, unspecified polyneuropathy	
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	Conjunctival hyperemia	
372.73	Conjunctival edema	
374.41	Lid retraction or lag	
374.82	Eyelid edema	
376.21	Thyrotoxic exophthalmos	
376.22	Exophthalmic ophthalmoplegia	
376.30–376.31	Exophthalmic conditions, unspecified and constant	
376.33–376.34	Orbital edema or congestion, intermittent exophthalmos	
378.50–378.55	Paralytic strabismus	
401.0–401.9	Essential hypertension	
403.00–403.91	Hypertensive kidney disease	
404.00–404.93	Hypertensive heart and kidney disease	
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 dysrhythmia	
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	
564.00–564.09	Constipation	
564.7	Megacolon, other than Hirschsprung's	
568.82	Peritoneal effusion (chronic)	
625.3	Dysmenorrhea	
626.0–626.2	Disorders of menstruation	
626.4	Irregular menstrual cycle	
648.10–648.14	Other current conditions in the mother, classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium, thyroid dysfunction	
676.20–676.24	Engorgement of breast associated with childbirth and disorders of lactation	
698.9	Unspecified pruritic disorder	
701.1	Keratoderma, acquired (dry skin)	
703.8	Other specified diseases of nail (Brittle nails)	
704.00–704.09	Alopecia	
709.01	Vitiligo	

Thyroid Testing.....continued		84436, 84439, 84443, 84479
710.0–710.9	Diffuse disease of connective tissue	
728.2	Muscle wasting	
728.87	Muscle weakness (generalized)	
728.9	Unspecified disorder of muscle, ligament, and fascia	
729.1	Myalgia and myositis, unspecified	
729.82	Musculoskeletal cramp	
730.30–730.39	Periostitis without osteomyelitis	
733.02	Idiopathic osteoporosis	
733.09	Osteoporosis, drug induced	
750.15	Macroglossia, congenital	
759.2	Anomaly of other endocrine glands	
780.01	Coma	
780.02	Transient alteration of awareness	
780.09	Alteration of consciousness, other	
780.50–780.52	Insomnia	
780.60–780.66	Fever	
780.71–780.79	Malaise and fatigue	
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, ataxia	
782.0	Disturbance of skin sensation	
782.3	Localized 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	Abnormal loss of weight	
783.6	Polyphagia	
784.1	Throat pain	
784.42	Dysphonia	
784.43	Hypernasality	
784.44	Hyponasality	
784.49	Other voice and resonance disorders	
784.51	Dysarthria	
784.59	Other speech disturbance	
785.0	Tachycardia, unspecified	
785.1	Palpitations	
785.9	Other symptoms involving cardiovascular system	
786.09	Other symptoms involving respiratory system	
786.1	Stridor	
787.20–787.29	Dysphagia	
787.91–787.99	Other symptoms involving digestive system	

Thyroid Testing.....continued		84436, 84439, 84443, 84479
789.51	Malignant ascites	
789.59	Other ascites	
794.5	Thyroid, abnormal scan or uptake	
796.1	Other nonspecific abnormal findings, abnormal reflex	
799.21	Nervousness	
799.22	Irritability	
799.23	Impulsiveness	
799.24	Emotional lability	
799.25	Demoralization and apathy	
799.29	Other signs and symptoms involving emotional state	
990	Effects of radiation, unspecified	
V10.87	Personal history of malignant neoplasm of the thyroid	
V10.88	Personal history of malignant neoplasm of other endocrine gland	
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	

Urine Culture, Bacterial/ Sensitivity Studies

Policy Type: NCD (National Coverage Decision)

CPT CODE(S)	TEST NAME
87086	Culture, bacterial, urine; quantitative, colony count
87088	Culture, bacterial; with isolation and presumptive identification of each isolates, urine.
87184	Sensitivity studies, antibiotic; disk method, per plate (12 or fewer disks)
87186	Sensitivity studies, antibiotic; microtiter, minimum inhibitory concentration (MIC), any number of antibiotics

ICD-9 CODES	ICD-9 DESCRIPTIONS
003.1	Salmonella Septicemia
038.0–038.9	Septicemia
276.2	Acidosis
276.4	Metabolic acidosis/alkalosis
286.6	Defibrination syndrome/disseminated intravascular coagulation
288.00–288.09	Neutropenia
288.8	Other specified disease of white blood cells including leukemoid reaction/leukocytosis
306.53	Psychogenic dysuria
306.59	Other psychogenic genitourinary malfunction
518.82	Other pulmonary insufficiency, not elsewhere classified
570	Acute and subacute necrosis of liver
580.0–580.9	Acute glomerulonephritis
583.0–583.9	Nephritis and Nephropathy, not specified as acute or chronic
585.6	End stage renal disease
590.00–590.9	Infections of kidney/pyelonephritis acute and chronic
592.0–592.9	Calculus of kidney and ureter
593.0–593.9	Other disorders of kidney and ureter (cyst, stricture, obstruction, reflux, etc)
594.0–594.9	Calculus of lower urinary tract
595.0–595.9	Cystitis
597.0	Urethritis, not sexually transmitted and urethral syndrome
597.80–597.89	Other urethritis
598.00–598.01	Urethral stricture due to infection
599.0	Urinary tract infection, site not specified
599.70–599.72	Hematuria
600.00	Hypertrophy (benign) of prostate without urinary obstruction
600.01	Hypertrophy (benign) of prostate with urinary obstruction
600.10	Nodular prostate without urinary obstruction
600.11	Nodular prostate with urinary obstruction
600.20	Benign localized hyperplasia of prostate without urinary obstruction
600.21	Benign localized hyperplasia of prostate with urinary obstruction
600.90	Hyperplasia of prostate, unspecified, without urinary obstruction
600.91	Hyperplasia of prostate, unspecified, with urinary obstruction
601.0–601.9	Inflammatory diseases of prostate
602.0–602.9	Other disorders of prostate (calculus, congestion, atrophy, etc)

Urine Culture		87086, 87087, 87088, 87184, 87186
604.0–604.99	Orchitis and epididymitis	
608.0–608.9	Other disorders of male genital organs (seminal vesiculitis, spermatocele, etc)	
614.0–614.9	Inflammatory disease of ovary, fallopian tube, pelvic cellular tissue, and peritoneum	
615.0–615.9	Inflammatory disease of uterus, except cervix	
616.0	Cervicitis and endocervicitis	
616.10–616.11	Vaginitis and vulvovaginitis	
616.2–616.9	Other inflammatory conditions of cervix, vagina and vulva	
619.0–619.9	Fistula involving female genital tract	
625.6	Stress incontinence, female	
639.0	Genital tract and pelvic infection complicating abortion, ectopic or molar pregnancies	
639.5	Shock complicating abortion, ectopic or molar pregnancies	
646.60–646.64	Infections of genitourinary tract in pregnancy	
670.00–670.04	Major puerperal infection	
670.10	Puerperal endometritis, unspecified as to episode of care or not applicable	
670.12	Puerperal endometritis, delivered, with mention of postpartum complication	
670.14	Puerperal endometritis, 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	Pyrexia of unknown origin during the puerperium	
724.5	Backache, unspecified	
771.81-771.83	Other infection specific to the perinatal period	
780.02	Transient alteration of awareness	
780.60-780.66	Fever/chills	
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 without mention of trauma	
788.0–788.99	Symptoms involving urinary system (renal colic, dysuria, retention of urine, incontinence of urine, frequency, polyuria, nocturia, oliguria, anuria, other abnormality of urination, urethral discharge, travasation of urine, other symptoms of urinary system)	
789.00–789.09	Abdominal pain	
789.60–789.7	Abdominal tenderness	

Urine Culture		87086, 87087, 87088, 87184, 87186
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	

Vitamin D Assay Testing

Policy # L32134

Policy Type: LCD (Local Coverage Decision)

CPT CODE(S)	TEST NAME
82306	VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PERFORMED
82652	VITAMIN D; 1, 25 DIHYDROXY, INCLUDES FRACTION(S), IF PERFORMED

The following ICD-9 CM codes support the medical necessity of CPT code 82306

ICD-9 CODES	ICD-9 DESCRIPTION
252.00	Hyperparathyroidism, unspecified
252.01	Primary hyperparathyroidism
252.02	Secondary hyperparathyroidism, non-renal
252.08	Other hyperparathyroidism
252.1	Hypoparathyroidism
261	Nutritional marasmus
262	Other severe protein-calorie malnutrition
268.0	Rickets active
268.2	Osteomalacia unspecified
268.9*	Unspecified vitamin d deficiency
275.3	Disorders of phosphorus metabolism
275.40*	Unspecified disorder of calcium metabolism
275.41	Hypocalcemia
275.42	Hypercalcemia
278.4	Hypervitaminosis d
571.9	Unspecified chronic liver disease without alcohol
579.0	Celiac disease
579.1	Tropical sprue
579.2	Blind loop syndrome
579.3	Other and unspecified postsurgical nonabsorption
579.4	Pancreatic steatorrhea
579.8	Other specified intestinal malabsorption
579.9	Unspecified intestinal malabsorption
585.3	Chronic kidney disease, stage iii (moderate)
585.4	Chronic kidney disease, stage iv (severe)
585.5	Chronic kidney disease, stage v
585.6	End stage renal disease
588.81	Secondary hyperparathyroidism (of renal origin)
733.00	Osteoporosis unspecified
733.01	Senile osteoporosis
733.02	Idiopathic osteoporosis
733.09	Other osteoporosis
733.90	Disorder of bone and cartilage unspecified
756.52	Osteopetrosis

268.9* If more than one LCD-listed condition contributes to Vit. D deficiency in a given patient and/or is improved by Vit. D administration, coders should use: ICD-9-CM 268.9 UNSPECIFIED VITAMIN D DEFICIENCY. This code should not be used for any other indication.

275.40* Use only for HYPERCALCIURIA

The following ICD-9-CM codes support the medical necessity of CPT code 82652

ICD-9 CODES	ICD-9 DESCRIPTION
268.0	Rickets active
268.2*	Osteomalacia unspecified
275.40*	Unspecified disorder of calcium metabolism
275.42*	Hypercalcemia
592.0	Calculus of kidney
592.1	Calculus of ureter
592.9	Urinary calculus unspecified
268.2*	Use only for tumor-induced osteomalacia
275.40*	Use only for unexplained hypercalciuria
275.42*	Use only for unexplained hypocalcemia