July 2023

MICHIGAN MAC J – 8

LOCAL DETERMINATION COVERAGE (LCD)

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Covered- No ABN required if ICD-10 code(s) listed in the section specific for the test ordered.

- **Allergy Testing A57473**
- **B Type Natriuretic Peptide A57559**
- **Drug Testing A56915**
- **Flow Cytometry A56464**
- **Molecular Diagnostic Tests A57772** **(additional LCDs can be found on the Medicare website Laboratory LCD)**
- ~~**Respiratory Virus Panel A57579**~~ **Retired (04/16/2022) No replacement**
- **Vitamin D - (Vit D) A57484**

Article - Billing and Coding: Allergy Testing (A57473)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05101 - MAC A	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05102 - MAC B	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05201 - MAC A	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05202 - MAC B	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05301 - MAC A	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05302 - MAC B	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05401 - MAC A	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05402 - MAC B	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05901 - MAC A	J - 05	Alabama Alaska Arizona Arkansas California - Entire State Colorado Connecticut Delaware Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
				Maine Maryland Massachusetts Michigan Mississippi Missouri - Entire State Montana Nebraska Nevada New Hampshire New Jersey New Mexico North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08101 - MAC A	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08102 - MAC B	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08201 - MAC A	J - 08	Michigan
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08202 - MAC B	J - 08	Michigan

Article Information

General Information

Article ID
A57473

Article Title
Billing and Coding: Allergy Testing

Article Type
Billing and Coding

Original Effective Date
10/31/2019

Revision Effective Date
10/01/2022

Revision Ending Date
N/A

Retirement Date
N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, Section 1833 (e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Title XVIII of the Social Security Act, Section 1862 (a) (1) (A) allows coverage and payment of those items or services that are considered to be *medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.*

Title XVIII of the Social Security Act, Section 1862 (a) (1) (D) excludes investigational or experimental from Medicare coverage.

Title XVIII of the Social Security Act, Section 1862 (a)(7). This section excludes routine physical examinations.

42 CFR, Section 410.20 – Physicians' Services.

42 CFR Section, 410.32 tests not ordered by the physician or other qualified non-physician provider who is treating

the patient are not reasonable and necessary. (See 42 CFR 411.15(k)(1).

42 CFR, Section 410.32(b) diagnostic tests must be furnished under the appropriate level of supervision by a physician. Services furnished without the required level of supervision are not reasonable and necessary.

CMS Pub 100-02 *Medicare Benefit Policy Manual*, Chapter 15 – Covered Medical and Other Health Services, Sections
20.2 – Physician Expense for Allergy Treatment,
80.1 – Clinical Laboratory Services, and
80.6 – Requirements for Ordering and Following Orders for Diagnostic Tests.

CMS Pub 100-03 *Medicare National Coverage Determinations (NCD) Manual*, Chapter 1 – Coverage Determinations, Part 2, Sections
110.9 – Antigens Prepared for Sublingual Administration
110.11 – Food Allergy Testing and Treatment
110.12 – Challenge Ingestion Food Testing
110.13 – Cytotoxic Food Tests.

CMS Pub 100-03 *Medicare National Coverage Determinations (NCD) Manual*, Chapter 1 – Coverage Determinations, Part 4, Section 230.10 – Incontinence Control Devices.

CMS Pub 100-04 *Medicare Claims Processing Manual*, Chapter 12 – Physicians/Nonphysician Practitioners, Section 200 - Allergy Testing and Immunotherapy.
Chapter 16 – Laboratory Services, Section
40.7 – Billing for Noncovered Clinical Laboratory Tests.

Article Guidance

Article Text

The billing and coding information in this article is dependent on the coverage indications, limitations and/or medical necessity described in the associated LCD Allergy Testing L36402.

Coding Information

Billing Guidelines
Evaluation and management codes reported with allergy testing is appropriate only if a significant, separately identifiable E/M service is performed. When appropriate, use modifier -25 with the E/M code to indicate it as a separately identifiable service. If E/ M services are reported, medical documentation of the separately identifiable service must be in the medical record. (CPT guidelines)

Allergy testing is not performed on the same day as allergy immunotherapy in standard medical practice. These codes should, therefore, not be reported together. Additionally, the testing becomes an integral part to rapid desensitization kits (CPT code 95180) and would therefore not be reported separately.

The MPFSDB fee amounts for allergy testing services billed under codes 95004-95078 are established for single tests. Therefore, the number of tests must be shown on the claim. (CMS Pub 100-04 *Medicare Claims Processing Manual*, Chapter 12 – Physicians/Nonphysician Practitioners, Section 200 – Allergy Testing and Immunotherapy, Rev.2997, Issued: 07-25-14, Effective: Upon implementation of ICD-10; 01-01-2012-ASC X12, Implementation: 08-25-2014 – ASC X12; Upon Implementation of ICD-10).

EXAMPLE

If a physician performs 25 percutaneous tests (scratch, puncture, or prick) with allergenic extract, the physician must bill code 95004, 95017 or 95018 and specify 25 in the units field of Form CMS-1500 (paper claims or electronic format). To compute payment, the Medicare contractor multiplies the payment for one test (i.e., the payment listed in the fee schedule) by the quantity listed in the unit's field.

Part B providers indicate the actual number of tests (one for each antigen) in Box 24G of the 1500 claim form. (CMS Pub 100-04 *Medicare Claim Processing Manual*, Chapter 26 – Completing and Processing Form CMS-1500 Data Set, Section 10.4 – Provider of Service or Supplier Information, Rev. 3881, Issued: 10-13-17, Item 24G). On EMC claims enter the number in the service field.

Interpretation of CPT codes: 95004, 95017, 95018, 95024, 95027, 95028, 95044, 95052, and 95065 requires the number of tests which were performed. Enter 1 unit for each test performed. For example, if 18 scratch tests are done, code 95004, 95017 or 95018 with 18 like services. If 36 are done, code 95004, 95017 or 95018 with 36 like services.

When photo patch tests (e.g. CPT code 95052) are performed (same antigen/same session) with patch or application tests, only the photo patch testing should be reported. Additionally, if photo testing is performed including application or patch testing, the code for photo patch testing (CPT code 95052) is to be reported, not CPT code 95044 (patch or application tests) and CPT code 95056 (photo tests).

Non-covered services include, but are not limited to, the following services:

a. Sublingual Intracutaneous and subcutaneous Provocative and Neutralization Testing: *Effective October 31, l988, sublingual intracutaneous and subcutaneous provocative and neutralization testing and neutralization therapy for food allergies are excluded from Medicare coverage because available evidence does not show that these tests and therapies are effective.* (CMS Pub 100-03 *Medicare National Coverage Determinations (NCD) Manual*, Chapter 1, Part 2 Section 110.11 – Food Allergy Testing and Treatment (Rev. 1, 10-03-03).
b. Challenge Ingestion Food Testing: Challenge ingestion food testing has not been proven to be effective in the diagnosis of rheumatoid arthritis, depression, or respiratory disorders. Accordingly, its use in the diagnosis of these conditions is not reasonable and necessary within the meaning of §1862(a)(1) of the Act, and no program payment is made for this procedure when it is so used. (CMS Pub 100-03 *Medicare National Coverage Determinations (NCD) Manual*, Chapter 1, Part 2 Section 110.12 –Challenge Ingestion Food Testing (Rev. 1, 10-03-03).
c. Cytotoxic Food Tests: *Prior to August 5, l985, Medicare covered cytotoxic food tests as an adjunct to in vivo clinical allergy tests in complex food allergy problems. Effective August 5, l985, cytotoxic leukocyte tests for food allergies are excluded from Medicare coverage because available evidence does not show that these tests are safe and effective.* (CMS Pub 100-03 *Medicare National Coverage Determinations (NCD) Manual*, Chapter 1, Part 2 Section 110.13 –Cytotoxic Food Tests Rev. 1, 10-03-03).

Allergy testing is covered when clinically significant symptoms exist, and conservative therapy has failed. Allergy testing includes the performance, evaluation, and reading of cutaneous and mucous membrane testing, along with the physician taking a history including immunologic history, performing the physical examination, deciding on the antigens to be used, and interpreting results.

Counseling and prescribing treatment should be reported using a visit.
Do not report Evaluation and Management (E/M) services for test interpretation and report.

Standard skin testing is the preferred method when allergy testing is necessary. Each test should be billed as one unit of service per procedure code, not to exceed two strengths per each unique antigen. The number of antigens should be individualized for each patient based on history and environmental exposure.

A visit to an allergist, which yields a diagnosis of specific allergy sensitivity but does not include immunotherapy, should be coded according to the level of care rendered.

CPT procedure code 95060 is payable in place of service that include office, outpatient hospital (off-campus/on-campus), inpatient hospital, and emergency room – hospital settings.

Hospital Inpatient Claims:
Effective January 1, 2006, CMS is differentiating single allergy tests ("per test") from multiple allergy tests ("per visit") by assigning these services to two different APCs. CMS is assigning single allergy tests to newly established APC 0381 and maintaining multiple allergy tests in APC 0370.

Hospitals should report charges for the CPT codes that describe single allergy tests (or where CPT instructions direct providers to specify the number of tests) to reflect charges per test rather than per visit and bill the appropriate number of units of these CPT codes to describe all of the tests provided.

Coding Guidelines
Per the CMS Pub *National Correct Coding Initiative* (NCCI) *Policy Manual for Medicare Services*, Chapter 11- Medicine Evaluation and Management Services, CPT codes 90000-99999, K. Allergy Testing and Immunotherapy.

If percutaneous or intracutaneous (intradermal) single test (CPT codes 95004 or 95024) and "sequential and incremental" tests (CPT codes, 95017, 95018, or 95027) are performed on the same date of service, both the "sequential and incremental" test and single test codes may be reported if the tests are for different allergens or different dilutions of the same allergen. The unit of service to report is the number of separate tests. A single test and a "sequential and incremental" test for the same dilution of an allergen should not be reported separately on the same date of service. For example, if the single test for an antigen is positive and the physician proceeds to "sequential and incremental" tests with three additional different dilutions of the same antigen, the physician may report one unit of service for the single test code and three units of service for the "sequential and incremental" test code.

Photo patch tests (CPT code 95052) consist of applying a patch(s) containing allergenic substance(s) (same antigen/same session) to the skin and exposing the skin to light. Physicians should not unbundle this service by reporting both CPT code 95044 (patch or application tests) plus CPT code 95056 (photo tests) rather than CPT code 95052.
Evaluation and management (E/M) codes reported with allergy testing or allergy immunotherapy are appropriate only if a significant, separately identifiable service is performed. If E/M services are reported, modifier 25 should be utilized.

In general, allergy testing is not performed on the same day as allergy immunotherapy in standard medical practice. Allergy testing is performed prior to immunotherapy to determine the offending allergens. CPT codes for allergy testing and immunotherapy are generally not reported on the same date of service unless the physician provides allergy immunotherapy and testing for additional allergens on the same day. Physicians should not report allergy testing CPT codes for allergen potency (safety) testing prior to administration of immunotherapy. Confirmation of the appropriate potency of an allergen vial for immunotherapy is an inherent component of immunotherapy. Additionally, allergy testing is an integral component of rapid desensitization kits (CPT code 95180) and is not separately reportable.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

Allergy Testing - Covered

Group 1 Codes: (17 Codes)

CODE	DESCRIPTION
82785	Assay of ige
86003	Allg spec ige crude xtrc ea
86008	Allg spec ige recomb ea
95004	Percut allergy skin tests
95017	Perq & icut allg test venoms
95018	Perq&ic allg test drugs/biol
95024	Icut allergy test drug/bug
95027	Icut allergy titrate-airborn
95028	Icut allergy test-delayed
95044	Allergy patch tests
95052	Photo patch test
95056	Photosensitivity tests
95060	Eye allergy tests
95065	Nose allergy test
95070	Bronchial allergy tests
95076	Ingest challenge ini 120 min
95079	Ingest challenge addl 60 min

Group 2 Paragraph:

Allergy Testing Non-covered

Group 2 Codes: (2 Codes)

CODE	DESCRIPTION
86001	Allergen specific igg
86005	Allg spec ige multiallg scr

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

Note: Diagnosis codes must be coded to the highest level of specificity.

Allergy Testing **95004, 95017, 95018, 95024, 95027.** For codes in the table below that requires a 7th character: letter A initial encounter, D subsequent encounter or S sequela may be used.

Group 1 Codes: (3,267 Codes)

CODE	DESCRIPTION
B44.81	Allergic bronchopulmonary aspergillosis
H10.11	Acute atopic conjunctivitis, right eye
H10.12	Acute atopic conjunctivitis, left eye
H10.13	Acute atopic conjunctivitis, bilateral
H10.31	Unspecified acute conjunctivitis, right eye
H10.32	Unspecified acute conjunctivitis, left eye
H10.33	Unspecified acute conjunctivitis, bilateral
H10.411	Chronic giant papillary conjunctivitis, right eye
H10.412	Chronic giant papillary conjunctivitis, left eye
H10.413	Chronic giant papillary conjunctivitis, bilateral
H10.44	Vernal conjunctivitis
H10.45	Other chronic allergic conjunctivitis
H16.261	Vernal keratoconjunctivitis, with limbar and corneal involvement, right eye
H16.262	Vernal keratoconjunctivitis, with limbar and corneal involvement, left eye
H16.263	Vernal keratoconjunctivitis, with limbar and corneal involvement, bilateral

CODE	DESCRIPTION
H65.01	Acute serous otitis media, right ear
H65.02	Acute serous otitis media, left ear
H65.03	Acute serous otitis media, bilateral
H65.04	Acute serous otitis media, recurrent, right ear
H65.05	Acute serous otitis media, recurrent, left ear
H65.06	Acute serous otitis media, recurrent, bilateral
H65.21	Chronic serous otitis media, right ear
H65.22	Chronic serous otitis media, left ear
H65.23	Chronic serous otitis media, bilateral
H65.411	Chronic allergic otitis media, right ear
H65.412	Chronic allergic otitis media, left ear
H65.413	Chronic allergic otitis media, bilateral
H65.491	Other chronic nonsuppurative otitis media, right ear
H65.492	Other chronic nonsuppurative otitis media, left ear
H65.493	Other chronic nonsuppurative otitis media, bilateral
H66.91	Otitis media, unspecified, right ear
H66.92	Otitis media, unspecified, left ear
H66.93	Otitis media, unspecified, bilateral
J01.00	Acute maxillary sinusitis, unspecified
J01.01	Acute recurrent maxillary sinusitis
J01.10	Acute frontal sinusitis, unspecified
J01.11	Acute recurrent frontal sinusitis
J01.20	Acute ethmoidal sinusitis, unspecified
J01.21	Acute recurrent ethmoidal sinusitis
J01.30	Acute sphenoidal sinusitis, unspecified
J01.31	Acute recurrent sphenoidal sinusitis
J01.40	Acute pansinusitis, unspecified
J01.41	Acute recurrent pansinusitis
J01.80	Other acute sinusitis
J01.81	Other acute recurrent sinusitis
J01.90	Acute sinusitis, unspecified
J01.91	Acute recurrent sinusitis, unspecified

CODE	DESCRIPTION
J04.0	Acute laryngitis
J04.30	Supraglottitis, unspecified, without obstruction
J04.31	Supraglottitis, unspecified, with obstruction
J05.0	Acute obstructive laryngitis [croup]
J30.0	Vasomotor rhinitis
J30.1	Allergic rhinitis due to pollen
J30.2	Other seasonal allergic rhinitis
J30.5	Allergic rhinitis due to food
J30.81	Allergic rhinitis due to animal (cat) (dog) hair and dander
J30.89	Other allergic rhinitis
J31.0	Chronic rhinitis
J31.1	Chronic nasopharyngitis
J31.2	Chronic pharyngitis
J32.0	Chronic maxillary sinusitis
J32.1	Chronic frontal sinusitis
J32.2	Chronic ethmoidal sinusitis
J32.3	Chronic sphenoidal sinusitis
J33.0	Polyp of nasal cavity
J33.8	Other polyp of sinus
J34.3	Hypertrophy of nasal turbinates
J34.81	Nasal mucositis (ulcerative)
J34.89	Other specified disorders of nose and nasal sinuses
J35.01	Chronic tonsillitis
J35.02	Chronic adenoiditis
J35.03	Chronic tonsillitis and adenoiditis
J35.1	Hypertrophy of tonsils
J35.2	Hypertrophy of adenoids
J35.3	Hypertrophy of tonsils with hypertrophy of adenoids
J45.20	Mild intermittent asthma, uncomplicated
J45.21	Mild intermittent asthma with (acute) exacerbation
J45.22	Mild intermittent asthma with status asthmaticus
J45.30	Mild persistent asthma, uncomplicated

CODE	DESCRIPTION
J45.31	Mild persistent asthma with (acute) exacerbation
J45.32	Mild persistent asthma with status asthmaticus
J45.40	Moderate persistent asthma, uncomplicated
J45.41	Moderate persistent asthma with (acute) exacerbation
J45.42	Moderate persistent asthma with status asthmaticus
J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with (acute) exacerbation
J45.52	Severe persistent asthma with status asthmaticus
J45.901	Unspecified asthma with (acute) exacerbation
J45.902	Unspecified asthma with status asthmaticus
J45.909	Unspecified asthma, uncomplicated
J45.991	Cough variant asthma
J45.998	Other asthma
K20.0	Eosinophilic esophagitis
K29.30	Chronic superficial gastritis without bleeding
K29.60	Other gastritis without bleeding
L20.0	Besnier's prurigo
L20.81	Atopic neurodermatitis
L20.82	Flexural eczema
L20.84	Intrinsic (allergic) eczema
L20.89	Other atopic dermatitis
L23.9	Allergic contact dermatitis, unspecified cause
CODE	DESCRIPTION
L24.9	Irritant contact dermatitis, unspecified cause
L25.9	Unspecified contact dermatitis, unspecified cause
L27.0	Generalized skin eruption due to drugs and medicaments taken internally
L27.1	Localized skin eruption due to drugs and medicaments taken internally
L27.2	Dermatitis due to ingested food
L27.8	Dermatitis due to other substances taken internally
L27.9	Dermatitis due to unspecified substance taken internally
L29.9	Pruritus, unspecified
L30.0	Nummular dermatitis

CODE	DESCRIPTION
L30.2	Cutaneous autosensitization
L30.8	Other specified dermatitis
L50.0	Allergic urticaria
L50.1	Idiopathic urticaria
L50.3	Dermatographic urticaria
L50.6	Contact urticaria
L50.8	Other urticaria
R05.1	Acute cough
R05.2	Subacute cough
R05.3	Chronic cough
R05.4	Cough syncope
R05.8	Other specified cough
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R06.09	Other forms of dyspnea
R06.2	Wheezing
R06.83	Snoring
R06.89	Other abnormalities of breathing
R09.81	Nasal congestion
R21	Rash and other nonspecific skin eruption
R43.0	Anosmia
R43.1	Parosmia
R43.2	Parageusia
R43.8	Other disturbances of smell and taste
T36.0X5A - T39.96XS	Adverse effect of penicillins, initial encounter - Underdosing of unspecified nonopioid analgesic, antipyretic and antirheumatic, sequela
T40.0X1A - T44.2X5S	Poisoning by opium, accidental (unintentional), initial encounter - Adverse effect of ganglionic blocking drugs, sequela
T44.3X5A - T50.Z95S	Adverse effect of other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, initial encounter - Adverse effect of other vaccines and biological substances, sequela
T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter

CODE	DESCRIPTION
T50.995A	Adverse effect of other drugs, medicaments and biological substances, initial encounter
T63.421A	Toxic effect of venom of ants, accidental (unintentional), initial encounter
T63.422A	Toxic effect of venom of ants, intentional self-harm, initial encounter
T63.423A	Toxic effect of venom of ants, assault, initial encounter
T63.424A	Toxic effect of venom of ants, undetermined, initial encounter
T63.441A	Toxic effect of venom of bees, accidental (unintentional), initial encounter
T63.442A	Toxic effect of venom of bees, intentional self-harm, initial encounter
T63.443A	Toxic effect of venom of bees, assault, initial encounter
T63.444A	Toxic effect of venom of bees, undetermined, initial encounter
T63.451A	Toxic effect of venom of hornets, accidental (unintentional), initial encounter
T63.452A	Toxic effect of venom of hornets, intentional self-harm, initial encounter
T63.453A	Toxic effect of venom of hornets, assault, initial encounter
T63.454A	Toxic effect of venom of hornets, undetermined, initial encounter
T63.461A	Toxic effect of venom of wasps, accidental (unintentional), initial encounter
T63.462A	Toxic effect of venom of wasps, intentional self-harm, initial encounter
T63.463A	Toxic effect of venom of wasps, assault, initial encounter
T63.464A	Toxic effect of venom of wasps, undetermined, initial encounter
T65.811A	Toxic effect of latex, accidental (unintentional), initial encounter
T65.812A	Toxic effect of latex, intentional self-harm, initial encounter
T65.813A	Toxic effect of latex, assault, initial encounter
T65.814A	Toxic effect of latex, undetermined, initial encounter
T65.894A	Toxic effect of other specified substances, undetermined, initial encounter
T78.00XA	Anaphylactic reaction due to unspecified food, initial encounter
T78.01XA	Anaphylactic reaction due to peanuts, initial encounter
T78.02XA	Anaphylactic reaction due to shellfish (crustaceans), initial encounter
T78.03XA	Anaphylactic reaction due to other fish, initial encounter
T78.04XA	Anaphylactic reaction due to fruits and vegetables, initial encounter
T78.05XA	Anaphylactic reaction due to tree nuts and seeds, initial encounter
T78.06XA	Anaphylactic reaction due to food additives, initial encounter
T78.07XA	Anaphylactic reaction due to milk and dairy products, initial encounter
T78.08XA	Anaphylactic reaction due to eggs, initial encounter

CODE	DESCRIPTION
T78.09XA	Anaphylactic reaction due to other food products, initial encounter
T78.1XXA	Other adverse food reactions, not elsewhere classified, initial encounter
T78.2XXA	Anaphylactic shock, unspecified, initial encounter
T78.3XXA	Angioneurotic edema, initial encounter
T78.40XA	Allergy, unspecified, initial encounter
T78.49XA	Other allergy, initial encounter
T80.51XA	Anaphylactic reaction due to administration of blood and blood products, initial encounter
T80.52XA	Anaphylactic reaction due to vaccination, initial encounter
T80.59XA	Anaphylactic reaction due to other serum, initial encounter
T80.61XA	Other serum reaction due to administration of blood and blood products, initial encounter
T80.62XA	Other serum reaction due to vaccination, initial encounter
T80.69XA	Other serum reaction due to other serum, initial encounter
T88.6XXA	Anaphylactic reaction due to adverse effect of correct drug or medicament properly administered, initial encounter
Z88.0	Allergy status to penicillin
Z88.1	Allergy status to other antibiotic agents
Z88.2	Allergy status to sulfonamides
Z88.3	Allergy status to other anti-infective agents
Z88.4	Allergy status to anesthetic agent
Z88.5	Allergy status to narcotic agent
Z88.6	Allergy status to analgesic agent
Z88.7	Allergy status to serum and vaccine
Z88.8	Allergy status to other drugs, medicaments and biological substances
Z91.010	Allergy to peanuts
Z91.011	Allergy to milk products
Z91.012	Allergy to eggs
Z91.013	Allergy to seafood
Z91.014	Allergy to mammalian meats
Z91.018	Allergy to other foods
Z91.02	Food additives allergy status
Z91.030	Bee allergy status

CODE	DESCRIPTION
Z91.038	Other insect allergy status
Z91.040	Latex allergy status
CODE	DESCRIPTION
Z91.041	Radiographic dye allergy status
Z91.048	Other nonmedicinal substance allergy status
Z91.09	Other allergy status, other than to drugs and biological substances

Group 2 Paragraph:

Specific IgE in Vitro Test **86003, 86008**

For codes in the table below that requires a 7th character: letter A initial encounter, D subsequent encounter or S sequela may be used.

Group 2 Codes: (3,264 Codes)

CODE	DESCRIPTION
B44.81	Allergic bronchopulmonary aspergillosis
H10.11	Acute atopic conjunctivitis, right eye
H10.12	Acute atopic conjunctivitis, left eye
H10.13	Acute atopic conjunctivitis, bilateral
H10.31	Unspecified acute conjunctivitis, right eye
H10.32	Unspecified acute conjunctivitis, left eye
H10.33	Unspecified acute conjunctivitis, bilateral
H10.411	Chronic giant papillary conjunctivitis, right eye
H10.412	Chronic giant papillary conjunctivitis, left eye
H10.413	Chronic giant papillary conjunctivitis, bilateral
H10.44	Vernal conjunctivitis
H10.45	Other chronic allergic conjunctivitis
H16.261	Vernal keratoconjunctivitis, with limbar and corneal involvement, right eye
H16.262	Vernal keratoconjunctivitis, with limbar and corneal involvement, left eye
H16.263	Vernal keratoconjunctivitis, with limbar and corneal involvement, bilateral
H65.01	Acute serous otitis media, right ear
H65.02	Acute serous otitis media, left ear
H65.03	Acute serous otitis media, bilateral
H65.04	Acute serous otitis media, recurrent, right ear

CODE	DESCRIPTION
H65.05	Acute serous otitis media, recurrent, left ear
H65.06	Acute serous otitis media, recurrent, bilateral
H65.21	Chronic serous otitis media, right ear
H65.22	Chronic serous otitis media, left ear
H65.23	Chronic serous otitis media, bilateral
H65.411	Chronic allergic otitis media, right ear
H65.412	Chronic allergic otitis media, left ear
H65.413	Chronic allergic otitis media, bilateral
H65.491	Other chronic nonsuppurative otitis media, right ear
H65.492	Other chronic nonsuppurative otitis media, left ear
H65.493	Other chronic nonsuppurative otitis media, bilateral
H66.91	Otitis media, unspecified, right ear
H66.92	Otitis media, unspecified, left ear
H66.93	Otitis media, unspecified, bilateral
H68.011	Acute Eustachian salpingitis, right ear
H68.012	Acute Eustachian salpingitis, left ear
H68.013	Acute Eustachian salpingitis, bilateral
H68.021	Chronic Eustachian salpingitis, right ear
H68.022	Chronic Eustachian salpingitis, left ear
H68.023	Chronic Eustachian salpingitis, bilateral
J01.00	Acute maxillary sinusitis, unspecified
J01.01	Acute recurrent maxillary sinusitis
J01.10	Acute frontal sinusitis, unspecified
J01.11	Acute recurrent frontal sinusitis
J01.20	Acute ethmoidal sinusitis, unspecified
J01.21	Acute recurrent ethmoidal sinusitis
J01.30	Acute sphenoidal sinusitis, unspecified
J01.31	Acute recurrent sphenoidal sinusitis
J01.40	Acute pansinusitis, unspecified
J01.41	Acute recurrent pansinusitis
J01.80	Other acute sinusitis
J01.81	Other acute recurrent sinusitis

CODE	DESCRIPTION
J01.90	Acute sinusitis, unspecified
J01.91	Acute recurrent sinusitis, unspecified
J04.0	Acute laryngitis
J04.30	Supraglottitis, unspecified, without obstruction
J04.31	Supraglottitis, unspecified, with obstruction
J05.0	Acute obstructive laryngitis [croup]
J30.0	Vasomotor rhinitis
J30.1	Allergic rhinitis due to pollen
J30.2	Other seasonal allergic rhinitis
J30.5	Allergic rhinitis due to food
J30.81	Allergic rhinitis due to animal (cat) (dog) hair and dander
J30.89	Other allergic rhinitis
J31.0	Chronic rhinitis
J31.1	Chronic nasopharyngitis
J31.2	Chronic pharyngitis
J32.0	Chronic maxillary sinusitis
J32.1	Chronic frontal sinusitis
J32.2	Chronic ethmoidal sinusitis
J32.3	Chronic sphenoidal sinusitis
J33.0	Polyp of nasal cavity
J33.8	Other polyp of sinus
J34.3	Hypertrophy of nasal turbinates
J34.81	Nasal mucositis (ulcerative)
J34.89	Other specified disorders of nose and nasal sinuses
J35.01	Chronic tonsillitis
J35.02	Chronic adenoiditis
J35.03	Chronic tonsillitis and adenoiditis
J35.1	Hypertrophy of tonsils
J35.2	Hypertrophy of adenoids
J35.3	Hypertrophy of tonsils with hypertrophy of adenoids
J45.20	Mild intermittent asthma, uncomplicated
J45.21	Mild intermittent asthma with (acute) exacerbation

CODE	DESCRIPTION
J45.22	Mild intermittent asthma with status asthmaticus
J45.30	Mild persistent asthma, uncomplicated
J45.31	Mild persistent asthma with (acute) exacerbation
J45.32	Mild persistent asthma with status asthmaticus
J45.40	Moderate persistent asthma, uncomplicated
J45.41	Moderate persistent asthma with (acute) exacerbation
J45.42	Moderate persistent asthma with status asthmaticus
J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with (acute) exacerbation
J45.52	Severe persistent asthma with status asthmaticus
J45.901	Unspecified asthma with (acute) exacerbation
J45.902	Unspecified asthma with status asthmaticus
J45.991	Cough variant asthma
J45.998	Other asthma
K29.30	Chronic superficial gastritis without bleeding
K29.60	Other gastritis without bleeding
L20.0	Besnier's prurigo
L20.81	Atopic neurodermatitis
CODE	DESCRIPTION
L20.82	Flexural eczema
L20.84	Intrinsic (allergic) eczema
L20.89	Other atopic dermatitis
L23.9	Allergic contact dermatitis, unspecified cause
L24.9	Irritant contact dermatitis, unspecified cause
L25.9	Unspecified contact dermatitis, unspecified cause
L27.0	Generalized skin eruption due to drugs and medicaments taken internally
L27.1	Localized skin eruption due to drugs and medicaments taken internally
L27.2	Dermatitis due to ingested food
L27.8	Dermatitis due to other substances taken internally
L27.9	Dermatitis due to unspecified substance taken internally
L29.9	Pruritus, unspecified
L30.0	Nummular dermatitis

CODE	DESCRIPTION
L30.2	Cutaneous autosensitization
L30.8	Other specified dermatitis
L50.0	Allergic urticaria
L50.1	Idiopathic urticaria
L50.3	Dermatographic urticaria
L50.6	Contact urticaria
L50.8	Other urticaria
R05.1	Acute cough
R05.2	Subacute cough
R05.3	Chronic cough
R05.4	Cough syncope
R05.8	Other specified cough
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R06.09	Other forms of dyspnea
R06.2	Wheezing
R09.81	Nasal congestion
R21	Rash and other nonspecific skin eruption
R43.0	Anosmia
R43.1	Parosmia
R43.2	Parageusia
R43.8	Other disturbances of smell and taste
T36.0X5A - T39.96XS	Adverse effect of penicillins, initial encounter - Underdosing of unspecified nonopioid analgesic, antipyretic and antirheumatic, sequela
T40.0X1A - T44.2X5S	Poisoning by opium, accidental (unintentional), initial encounter - Adverse effect of ganglionic blocking drugs, sequela
T44.3X5A - T50.Z95S	Adverse effect of other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, initial encounter - Adverse effect of other vaccines and biological substances, sequela
T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
T50.995A	Adverse effect of other drugs, medicaments and biological substances, initial encounter

CODE	DESCRIPTION
T63.421A	Toxic effect of venom of ants, accidental (unintentional), initial encounter
T63.422A	Toxic effect of venom of ants, intentional self-harm, initial encounter
T63.423A	Toxic effect of venom of ants, assault, initial encounter
T63.424A	Toxic effect of venom of ants, undetermined, initial encounter
T63.441A	Toxic effect of venom of bees, accidental (unintentional), initial encounter
T63.442A	Toxic effect of venom of bees, intentional self-harm, initial encounter
T63.443A	Toxic effect of venom of bees, assault, initial encounter
T63.444A	Toxic effect of venom of bees, undetermined, initial encounter
T63.451A	Toxic effect of venom of hornets, accidental (unintentional), initial encounter
T63.452A	Toxic effect of venom of hornets, intentional self-harm, initial encounter
T63.453A	Toxic effect of venom of hornets, assault, initial encounter
T63.454A	Toxic effect of venom of hornets, undetermined, initial encounter
T63.461A	Toxic effect of venom of wasps, accidental (unintentional), initial encounter
T63.462A	Toxic effect of venom of wasps, intentional self-harm, initial encounter
T63.463A	Toxic effect of venom of wasps, assault, initial encounter
T63.464A	Toxic effect of venom of wasps, undetermined, initial encounter
T65.811A	Toxic effect of latex, accidental (unintentional), initial encounter
T65.812A	Toxic effect of latex, intentional self-harm, initial encounter
T65.813A	Toxic effect of latex, assault, initial encounter
T65.814A	Toxic effect of latex, undetermined, initial encounter
T65.894A	Toxic effect of other specified substances, undetermined, initial encounter
T78.00XA	Anaphylactic reaction due to unspecified food, initial encounter
T78.01XA	Anaphylactic reaction due to peanuts, initial encounter
T78.02XA	Anaphylactic reaction due to shellfish (crustaceans), initial encounter
T78.03XA	Anaphylactic reaction due to other fish, initial encounter
T78.04XA	Anaphylactic reaction due to fruits and vegetables, initial encounter
T78.05XA	Anaphylactic reaction due to tree nuts and seeds, initial encounter
T78.06XA	Anaphylactic reaction due to food additives, initial encounter
T78.07XA	Anaphylactic reaction due to milk and dairy products, initial encounter
T78.08XA	Anaphylactic reaction due to eggs, initial encounter
T78.09XA	Anaphylactic reaction due to other food products, initial encounter
T78.1XXA	Other adverse food reactions, not elsewhere classified, initial encounter

CODE	DESCRIPTION
T78.2XXA	Anaphylactic shock, unspecified, initial encounter
T78.3XXA	Angioneurotic edema, initial encounter
T78.40XA	Allergy, unspecified, initial encounter
T78.49XA	Other allergy, initial encounter
T80.51XA	Anaphylactic reaction due to administration of blood and blood products, initial encounter
T80.52XA	Anaphylactic reaction due to vaccination, initial encounter
T80.59XA	Anaphylactic reaction due to other serum, initial encounter
T80.61XA	Other serum reaction due to administration of blood and blood products, initial encounter
T80.62XA	Other serum reaction due to vaccination, initial encounter
T80.69XA	Other serum reaction due to other serum, initial encounter
T88.6XXA	Anaphylactic reaction due to adverse effect of correct drug or medicament properly administered, initial encounter
Z88.0	Allergy status to penicillin
Z88.1	Allergy status to other antibiotic agents
Z88.2	Allergy status to sulfonamides
Z88.3	Allergy status to other anti-infective agents
Z88.4	Allergy status to anesthetic agent
Z88.5	Allergy status to narcotic agent
Z88.6	Allergy status to analgesic agent
Z88.7	Allergy status to serum and vaccine
Z88.8	Allergy status to other drugs, medicaments and biological substances
Z91.010	Allergy to peanuts
Z91.011	Allergy to milk products
Z91.012	Allergy to eggs
Z91.013	Allergy to seafood
Z91.014	Allergy to mammalian meats
Z91.018	Allergy to other foods
Z91.048	Other nonmedicinal substance allergy status
Z91.09	Other allergy status, other than to drugs and biological substances
CODE	DESCRIPTION

Group 3 Paragraph:

Food allergy testing **95004**
Medicare is establishing the following limited coverage for food allergies.

For codes in the table below that requires a 7th character: letter A initial encounter, D subsequent encounter or S sequela may be used.

Group 3 Codes: (57 Codes)

CODE	DESCRIPTION
K20.0	Eosinophilic esophagitis
K52.21	Food protein-induced enterocolitis syndrome
K52.22	Food protein-induced enteropathy
K52.29	Other allergic and dietetic gastroenteritis and colitis
K52.3	Indeterminate colitis
K52.831	Collagenous colitis
K52.832	Lymphocytic colitis
K52.838	Other microscopic colitis
K52.89	Other specified noninfective gastroenteritis and colitis
R05.1	Acute cough
R05.2	Subacute cough
R05.3	Chronic cough
R05.4	Cough syncope
R05.8	Other specified cough
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R06.2	Wheezing
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.2	Nausea with vomiting, unspecified
R14.0	Abdominal distension (gaseous)
R14.1	Gas pain
R14.2	Eructation
R14.3	Flatulence

CODE	DESCRIPTION
R19.7	Diarrhea, unspecified
T78.00XA	Anaphylactic reaction due to unspecified food, initial encounter
T78.00XD	Anaphylactic reaction due to unspecified food, subsequent encounter
T78.00XS	Anaphylactic reaction due to unspecified food, sequela
T78.01XA	Anaphylactic reaction due to peanuts, initial encounter
T78.01XD	Anaphylactic reaction due to peanuts, subsequent encounter
T78.01XS	Anaphylactic reaction due to peanuts, sequela
T78.02XA	Anaphylactic reaction due to shellfish (crustaceans), initial encounter
T78.02XD	Anaphylactic reaction due to shellfish (crustaceans), subsequent encounter
T78.02XS	Anaphylactic reaction due to shellfish (crustaceans), sequela
T78.03XA	Anaphylactic reaction due to other fish, initial encounter
T78.03XD	Anaphylactic reaction due to other fish, subsequent encounter
T78.03XS	Anaphylactic reaction due to other fish, sequela
T78.04XA	Anaphylactic reaction due to fruits and vegetables, initial encounter
T78.04XD	Anaphylactic reaction due to fruits and vegetables, subsequent encounter
T78.04XS	Anaphylactic reaction due to fruits and vegetables, sequela
T78.05XA	Anaphylactic reaction due to tree nuts and seeds, initial encounter
T78.05XD	Anaphylactic reaction due to tree nuts and seeds, subsequent encounter
T78.05XS	Anaphylactic reaction due to tree nuts and seeds, sequela
T78.06XA	Anaphylactic reaction due to food additives, initial encounter
T78.06XD	Anaphylactic reaction due to food additives, subsequent encounter
T78.06XS	Anaphylactic reaction due to food additives, sequela
T78.07XA	Anaphylactic reaction due to milk and dairy products, initial encounter
T78.07XD	Anaphylactic reaction due to milk and dairy products, subsequent encounter
T78.07XS	Anaphylactic reaction due to milk and dairy products, sequela
T78.08XA	Anaphylactic reaction due to eggs, initial encounter
T78.08XD	Anaphylactic reaction due to eggs, subsequent encounter
T78.08XS	Anaphylactic reaction due to eggs, sequela
T78.09XA	Anaphylactic reaction due to other food products, initial encounter
T78.09XD	Anaphylactic reaction due to other food products, subsequent encounter
T78.09XS	Anaphylactic reaction due to other food products, sequela

Group 4 Paragraph:

Patch Tests **95044, 95052**

Group 4 Codes: (34 Codes)

CODE	DESCRIPTION
L23.0	Allergic contact dermatitis due to metals
L23.1	Allergic contact dermatitis due to adhesives
L23.2	Allergic contact dermatitis due to cosmetics
L23.3	Allergic contact dermatitis due to drugs in contact with skin
L23.4	Allergic contact dermatitis due to dyes
L23.5	Allergic contact dermatitis due to other chemical products
L23.6	Allergic contact dermatitis due to food in contact with the skin
L23.7	Allergic contact dermatitis due to plants, except food
L23.81	Allergic contact dermatitis due to animal (cat) (dog) dander
L23.89	Allergic contact dermatitis due to other agents
L23.9	Allergic contact dermatitis, unspecified cause
L24.0	Irritant contact dermatitis due to detergents
L24.1	Irritant contact dermatitis due to oils and greases
L24.2	Irritant contact dermatitis due to solvents
L24.3	Irritant contact dermatitis due to cosmetics
L24.4	Irritant contact dermatitis due to drugs in contact with skin
L24.5	Irritant contact dermatitis due to other chemical products
L24.6	Irritant contact dermatitis due to food in contact with skin
L24.7	Irritant contact dermatitis due to plants, except food
L24.81	Irritant contact dermatitis due to metals
L24.89	Irritant contact dermatitis due to other agents
L24.9	Irritant contact dermatitis, unspecified cause
L25.0	Unspecified contact dermatitis due to cosmetics
L25.1	Unspecified contact dermatitis due to drugs in contact with skin
L25.2	Unspecified contact dermatitis due to dyes
L25.3	Unspecified contact dermatitis due to other chemical products
L25.4	Unspecified contact dermatitis due to food in contact with skin
L25.5	Unspecified contact dermatitis due to plants, except food
L25.8	Unspecified contact dermatitis due to other agents

CODE	DESCRIPTION
L30.0	Nummular dermatitis
L30.2	Cutaneous autosensitization
L30.8	Other specified dermatitis
T84.89XS	Other specified complication of internal orthopedic prosthetic devices, implants and grafts, sequela
Z91.09	Other allergy status, other than to drugs and biological substances

Group 5 Paragraph:

Ingestion Challenge Testing **95076, 95079**

For codes in the table below that requires a 7th character: letter A initial encounter, D subsequent encounter or S sequela may be used.

Group 5 Codes: (47 Codes)

CODE	DESCRIPTION
L27.2	Dermatitis due to ingested food
T78.00XA	Anaphylactic reaction due to unspecified food, initial encounter
T78.00XD	Anaphylactic reaction due to unspecified food, subsequent encounter
T78.00XS	Anaphylactic reaction due to unspecified food, sequela
T78.01XA	Anaphylactic reaction due to peanuts, initial encounter
T78.01XD	Anaphylactic reaction due to peanuts, subsequent encounter
T78.01XS	Anaphylactic reaction due to peanuts, sequela
T78.02XA	Anaphylactic reaction due to shellfish (crustaceans), initial encounter
T78.02XD	Anaphylactic reaction due to shellfish (crustaceans), subsequent encounter
T78.02XS	Anaphylactic reaction due to shellfish (crustaceans), sequela
T78.03XA	Anaphylactic reaction due to other fish, initial encounter
T78.03XD	Anaphylactic reaction due to other fish, subsequent encounter
T78.03XS	Anaphylactic reaction due to other fish, sequela
T78.04XA	Anaphylactic reaction due to fruits and vegetables, initial encounter
T78.04XD	Anaphylactic reaction due to fruits and vegetables, subsequent encounter
T78.04XS	Anaphylactic reaction due to fruits and vegetables, sequela
T78.05XA	Anaphylactic reaction due to tree nuts and seeds, initial encounter
T78.05XD	Anaphylactic reaction due to tree nuts and seeds, subsequent encounter
T78.05XS	Anaphylactic reaction due to tree nuts and seeds, sequela

CODE	DESCRIPTION
T78.06XA	Anaphylactic reaction due to food additives, initial encounter
T78.06XD	Anaphylactic reaction due to food additives, subsequent encounter
T78.06XS	Anaphylactic reaction due to food additives, sequela
T78.07XA	Anaphylactic reaction due to milk and dairy products, initial encounter
T78.07XD	Anaphylactic reaction due to milk and dairy products, subsequent encounter
T78.07XS	Anaphylactic reaction due to milk and dairy products, sequela
T78.08XA	Anaphylactic reaction due to eggs, initial encounter
T78.08XD	Anaphylactic reaction due to eggs, subsequent encounter
T78.08XS	Anaphylactic reaction due to eggs, sequela
T78.09XA	Anaphylactic reaction due to other food products, initial encounter
T78.09XD	Anaphylactic reaction due to other food products, subsequent encounter
T78.09XS	Anaphylactic reaction due to other food products, sequela
Z88.0	Allergy status to penicillin
Z88.1	Allergy status to other antibiotic agents
Z88.2	Allergy status to sulfonamides
Z88.3	Allergy status to other anti-infective agents
Z88.4	Allergy status to anesthetic agent
Z88.5	Allergy status to narcotic agent
Z88.6	Allergy status to analgesic agent
Z88.7	Allergy status to serum and vaccine
Z88.8	Allergy status to other drugs, medicaments and biological substances
Z91.010	Allergy to peanuts
Z91.011	Allergy to milk products
Z91.012	Allergy to eggs
Z91.013	Allergy to seafood
Z91.014	Allergy to mammalian meats
Z91.018	Allergy to other foods
Z91.02	Food additives allergy status

ICD-10-CM Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10-PCS Codes

N/A

Additional ICD-10 Information

N/A

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2022	R6	Posted 09/29/2022 Under **ICD-10-CM Codes that Support Medical Necessity Group 1 & 2 Codes** the following codes were added: T43.651A, T43.651D, T43.651S, T43.652A, T43.652D, T43.652S, T43.653A, T43.653D, T43.653S, T43.654A, T43.654D, T43.654S, T43.655A, T43.655D, T43.655S, T43.656A, T43.656D, and T43.656S. These updates were made due to the annual ICD-10-CM code update and are effective 10/01/2022. Review completed 09/07/2022.
08/11/2022	R5	08/11/2022 Under **Billing Guidelines** the following statement was removed "Histamine and saline controls are appropriate and can be billed as two antigens." This statement is incorrect since CMS payment policy does not allow including testing of positive or negative controls in the number of tests reported.
01/01/2022	R4	12/30/2021 CPT/HCPCS 2022 Annual Code Updates: Under CPT/HCPCS Codes Group 1 Paragraph, 95070 had a description change.
10/01/2021	R3	09/30/2021 ICD-10 CM Code Updates: Under ICD-10 Codes that Support Medical Necessity, deleted R05 from Group 1, Group 2, and Group 3 Codes. Added R05.1, R05.2, R05.3, R05.4, and R05.8 to Group 1, Group 2, and Group 3 Codes. Added to Group 1 and Group 2 Codes: T40.711A, T40.711D, T40.711S, T40.712A, T40.712D, T40.712S, T40.713A, T40.713D, T40.713S, T40.714A, T40.714D, T40.714S, T40.715A, T40.715D, T40.715S, T40.716A, T40.716D, T40.716S, T40.721A, T40.721D, T40.721S, T40.722A, T40.722D, T40.722S, T40.723A, T40.723D, T40.723S, T40.724A, T40.724D, T40.724S, T40.725A, T40.725D, T40.725S, T40.726A, T40.726D, and T40.726S. Added Z91.014 to Group 1, Group 2, and Group 5 Codes. Grammar and punctuation corrections made throughout the article. Review completed 08/11/2021.
01/01/2021	R2	CPT/HCPCS Annual Code Update. Deleted: 95071.
10/01/2020	R1	10/01/2020 ICD-10-CM Code Updates to Groups 1, 2, and 5: Description changes for Z88.1, Z88.2, Z88.3, Z88.4, Z88.5, Z88.6, Z88.7, and Z88.8.

Associated Documents

Related Local Coverage Documents

LCDs

DL36402 - (MCD Archive Site)

L36402 - Allergy Testing

Related National Coverage Documents

NCDs

110.12 - Challenge Ingestion Food Testing

[110.13 - Cytotoxic Food Tests]

[110.11 - Food Allergy Testing and Treatment]

Statutory Requirements URLs

N/A

Rules and Regulations URLs

N/A

CMS Manual Explanations URLs

N/A

Other URLs

N/A

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05101 - MAC A	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05102 - MAC B	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05201 - MAC A	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05202 - MAC B	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05301 - MAC A	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05302 - MAC B	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05401 - MAC A	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05402 - MAC B	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05901 - MAC A	J - 05	Alabama Alaska Arizona Arkansas California - Entire State Colorado Connecticut Delaware Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky

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				Louisiana Maine Maryland Massachusetts Michigan Mississippi Missouri - Entire State Montana Nebraska Nevada New Hampshire New Jersey New Mexico North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08101 - MAC A	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08102 - MAC B	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08201 - MAC A	J - 08	Michigan
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08202 - MAC B	J - 08	Michigan

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General Information

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CMS Pub. 100-04, *Medicare Claims Processing Manual*, Chapter 16, §50.5-Jurisdiction of Laboratory Claims, 60.1.2 Independent Laboratory Specimen Drawing, 60.2: Travel Allowance.

CMS Pub. 100-04, *Medicare Claims Processing Manual*, Chapter 23, §10-Reporting ICD Diagnosis and Procedure Codes

Article Guidance

Article Text

The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for MolDX: Biomarkers in Cardiovascular Risk Assessment L36523.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

The following CPT codes are covered:

Group 1 Codes: (12 Codes)

CODE	DESCRIPTION
82172	APOLIPOPROTEIN, EACH
82610	CYSTATIN C
83090	HOMOCYSTEINE
83695	LIPOPROTEIN (A)
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2 (LP-PLA2)
83700	LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPARATION AND QUANTITATION
83701	LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEINS INCLUDING LIPOPROTEIN SUBCLASSES WHEN PERFORMED (EG, ELECTROPHORESIS, ULTRACENTRIFUGATION)
83704	LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBER(S) (EG, BY NUCLEAR MAGNETIC RESONANCE SPECTROSCOPY), INCLUDES LIPOPROTEIN PARTICLE SUBCLASS(ES), WHEN PERFORMED
83719	LIPOPROTEIN, DIRECT MEASUREMENT; VLDL CHOLESTEROL
83721	LIPOPROTEIN, DIRECT MEASUREMENT; LDL CHOLESTEROL
83880	NATRIURETIC PEPTIDE
86141	C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRP)

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

The following ICD-10 codes are covered when used for cardiac risk assessment. Please note, **83880** and **86141** are used for other medically necessary services that are not addressed in this LCD.

Group 1 Codes: (178 Codes)

CODE	DESCRIPTION
E71.30	Disorder of fatty-acid metabolism, unspecified
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240	Niemann-Pick disease type A
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.243	Niemann-Pick disease type D
E75.244	Niemann-Pick disease type A/B
E75.248	Other Niemann-Pick disease
E75.249	Niemann-Pick disease, unspecified
E75.3	Sphingolipidosis, unspecified
E75.5	Other lipid storage disorders
E75.6	Lipid storage disorder, unspecified
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.8	Other disorders of glycoprotein metabolism
E77.9	Disorder of glycoprotein metabolism, unspecified
E78.00	Pure hypercholesterolemia, unspecified
E78.01	Familial hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.3	Hyperchylomicronemia
E78.41	Elevated Lipoprotein(a)
E78.49	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E78.70	Disorder of bile acid and cholesterol metabolism, unspecified
E78.79	Other disorders of bile acid and cholesterol metabolism

CODE	DESCRIPTION
E78.81	Lipoid dermatoarthritis
E78.89	Other lipoprotein metabolism disorders
E78.9	Disorder of lipoprotein metabolism, unspecified
E88.1	Lipodystrophy, not elsewhere classified
E88.2	Lipomatosis, not elsewhere classified
E88.89	Other specified metabolic disorders
I10	Essential (primary) hypertension
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.112	Atherosclerosic heart disease of native coronary artery with refractory angina pectoris
I42.0	Dilated cardiomyopathy
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I51.9	Heart disease, unspecified
I52	Other heart disorders in diseases classified elsewhere
I63.011 - I63.013	Cerebral infarction due to thrombosis of right vertebral artery - Cerebral infarction due to thrombosis of bilateral vertebral arteries
I63.02	Cerebral infarction due to thrombosis of basilar artery
I63.031 - I63.033	Cerebral infarction due to thrombosis of right carotid artery - Cerebral infarction due to thrombosis of bilateral carotid arteries
I63.09	Cerebral infarction due to thrombosis of other precerebral artery
I63.111 - I63.113	Cerebral infarction due to embolism of right vertebral artery - Cerebral infarction due to embolism of bilateral vertebral arteries
I63.12	Cerebral infarction due to embolism of basilar artery
I63.131 - I63.133	Cerebral infarction due to embolism of right carotid artery - Cerebral infarction due to embolism of bilateral carotid arteries
I63.19	Cerebral infarction due to embolism of other precerebral artery
I63.211 - I63.213	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery - Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery
I63.231 - I63.233	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries -

CODE	DESCRIPTION
	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries
I63.311 - I63.313	Cerebral infarction due to thrombosis of right middle cerebral artery - Cerebral infarction due to thrombosis of bilateral middle cerebral arteries
I63.321 - I63.323	Cerebral infarction due to thrombosis of right anterior cerebral artery - Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries
I63.331 - I63.333	Cerebral infarction due to thrombosis of right posterior cerebral artery - Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries
I63.341 - I63.343	Cerebral infarction due to thrombosis of right cerebellar artery - Cerebral infarction due to thrombosis of bilateral cerebellar arteries
I63.39	Cerebral infarction due to thrombosis of other cerebral artery
I63.411 - I63.413	Cerebral infarction due to embolism of right middle cerebral artery - Cerebral infarction due to embolism of bilateral middle cerebral arteries
I63.421 - I63.423	Cerebral infarction due to embolism of right anterior cerebral artery - Cerebral infarction due to embolism of bilateral anterior cerebral arteries
I63.431 - I63.433	Cerebral infarction due to embolism of right posterior cerebral artery - Cerebral infarction due to embolism of bilateral posterior cerebral arteries
I63.441 - I63.443	Cerebral infarction due to embolism of right cerebellar artery - Cerebral infarction due to embolism of bilateral cerebellar arteries
I63.49	Cerebral infarction due to embolism of other cerebral artery
I63.511 - I63.513	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery - Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries
I63.521 - I63.523	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery - Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries
I63.531 - I63.533	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery - Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries
I63.541 - I63.543	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery - Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery
I63.81	Other cerebral infarction due to occlusion or stenosis of small artery
I63.89	Other cerebral infarction

CODE	DESCRIPTION
I63.9	Cerebral infarction, unspecified
I67.858	Other hereditary cerebrovascular disease
I70.0	Atherosclerosis of aorta
I70.1	Atherosclerosis of renal artery
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower leg
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower leg

CODE	DESCRIPTION
I70.25	Atherosclerosis of native arteries of other extremities with ulceration
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg
CODE	DESCRIPTION
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs
I70.268	Atherosclerosis of native arteries of extremities with gangrene, other extremity
I70.291	Other atherosclerosis of native arteries of extremities, right leg
I70.292	Other atherosclerosis of native arteries of extremities, left leg
I70.293	Other atherosclerosis of native arteries of extremities, bilateral legs
I70.298	Other atherosclerosis of native arteries of extremities, other extremity
I70.301	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
I70.302	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
I70.303	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs
I70.308	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity
I70.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg
I70.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg
I70.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg
I70.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg
I70.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs
I70.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration

CODE	DESCRIPTION
	of thigh
I70.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot
I70.8	Atherosclerosis of other arteries
I70.90	Unspecified atherosclerosis
I70.91	Generalized atherosclerosis
I70.92	Chronic total occlusion of artery of the extremities
R00.2	Palpitations
R07.1	Chest pain on breathing
R07.2	Precordial pain
R07.82	Intercostal pain
R07.89	Other chest pain
R07.9	Chest pain, unspecified
Z13.6	Encounter for screening for cardiovascular disorders
Z86.711	Personal history of pulmonary embolism
Z86.718	Personal history of other venous thrombosis and embolism
Z86.72	Personal history of thrombophlebitis
Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits
Z86.74	Personal history of sudden cardiac arrest
Z86.79	Personal history of other diseases of the circulatory system

ICD-10-CM Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10-PCS Codes

N/A

Additional ICD-10 Information

N/A

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2023	R4	Posted 02/23/2023: Under **CPT/HCPCS Codes Group 1: Codes** the description was revised for 83090. This revision is due to the 2023 Annual/Q1 CPT/HCPCS Code Update and is retroactive effective for dates of service on or after 01/01/2023. Review completed 01/23/2023.
10/01/2022	R3	Posted 09/29/2022: ICD-10-CM Code Updates: Under **ICD-10 Codes that Support**

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		Medical Necessity, added I25.112 to the Group 1 Codes. This update is effective 10/01/2022.
10/30/2021	R2	09/30/2021-ICD-010 code update-added E75.244 to Group 1 Paragraph 1 Codes effective 10/01/2021. Under **ICD-10 Codes that Support Medical Necessity Group 1: Codes** deleted unspecified codes I48.91, I63.00, I63.019, I63.039, I63.10, I63.119, I63.139, I63.20, I63.219, I63.239, I63.30, I63.319, I63.329, I63.339, I63.349, I63.40, I63.419, I63.429, I63.439, I63.449, I63.50, I63.519, I63.529, I63.539, I63.549, I70.209, I70.219, I70.229, I70.239, I70.249, I70.269, I70.299, I70.309, I70.319, I70.329. This revision will become effective 10/30/2021.
07/29/2021	R1	07/29/2021-Under **CMS National Coverage Policy** revised regulation CMS Internet-Only Manual, Pub.100-04, Medicare Claims Processing Manual, Chapter 16 from §50.5, 60.12, 60.2 to §50.5, 60.1.2, 60.2. Removed CMS Pub. 100-04, *Medicare Claims Processing Manual*, Chapter 18, Section 100-Preventive and Screening Services, Cardiovascular Disease Screening &CMS Pub. 100-03, *Medicare National Coverage Determinations (NCD) Manual*, Chapter 1, Section 190.23-Lipid Testing. Under **Article Text** removed verbiage regarding instructions on how to submit claims information. Review completed 06/25/2021.

Associated Documents

Related Local Coverage Documents

Articles

A55003 - Response to Comments: MolDX: Biomarkers in Cardiovascular Risk Assessment (L36523)

LCDs

DL36523 - (MCD Archive Site)

L36523 - MolDX: Biomarkers in Cardiovascular Risk Assessment

Related National Coverage Documents

NCDs

190.23 - Lipid Testing

Statutory Requirements URLs

N/A

Rules and Regulations URLs

N/A

CMS Manual Explanations URLs

N/A

Other URLs

N/A

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
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02/15/2023	01/01/2023 - N/A	Currently in Effect (This Version)
09/21/2022	10/01/2022 - 12/31/2022	Superseded
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Keywords

N/A

Article - Billing and Coding: Drug Testing (A56915)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05101 - MAC A	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05102 - MAC B	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05201 - MAC A	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05202 - MAC B	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05301 - MAC A	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05302 - MAC B	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05401 - MAC A	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05402 - MAC B	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05901 - MAC A	J - 05	Alabama Alaska Arizona Arkansas California - Entire State Colorado Connecticut Delaware Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
				Maine Maryland Massachusetts Michigan Mississippi Missouri - Entire State Montana Nebraska Nevada New Hampshire New Jersey New Mexico North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08101 - MAC A	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08102 - MAC B	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08201 - MAC A	J - 08	Michigan
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08202 - MAC B	J - 08	Michigan

Article Information

General Information

Article ID
A56915

Article Title
Billing and Coding: Drug Testing

Article Type
Billing and Coding

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N/A

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CMS National Coverage Policy

N/A

Article Guidance

Article Text

The billing and coding information in this article is dependent on the coverage indications, limitations and/or medical necessity described in the related LCD L34645 Drug Testing.

A qualitative/presumptive drug screen is used to detect the presence of a drug in the body. A blood, urine, or oral fluid sample may be used. However, urine is the best specimen for broad screening, as blood is relatively insensitive for many common drugs, including psychotropic agents, opioids, and stimulants.
Common methods of drug analysis include chromatography, immunoassay, chemical ("spot") tests, and spectrometry.

Coding Guidelines
One presumptive drug testing code may be billed once per patient per day as indicated by the code description and should only be billed at one unit regardless of the provider.

One definitive drug testing code may be billed once per patient per day as indicated by the code description and should only be billed at one unit regardless of the provider.

The documentation should support the medical necessity of the drug testing ordered and should support the clinical indicators that led to ordering the test.

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The record must include the identity of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record should support the use of the selected diagnosis code(s). The submitted CPT/HCPCS code should describe the service performed.
4. Medical record documentation (e.g., history and physical, progress notes) maintained by the ordering physician/treating physician must indicate the medical necessity for performing a drug test. All tests must be ordered in writing by the treating provider and all drugs/drug classes to be tested must be indicated in the order.
5. If the provider of the service is other than the ordering/referring physician, that provider must maintain hard copy documentation of the lab results, along with copies of the ordering/referring physician's order for the drug test. The physician must include the clinical indication/medical necessity in the order for the drug test.

This LCD does not apply to acute inpatient claims.

Claims for drug screening services are payable under Medicare Part B in the following places of service: office (11), urgent care (20), independent clinic (49), federally qualified health center (freestanding) (50), rural health clinic (freestanding) (72), and independent laboratory (81).

All services/procedures performed on the same day for the same beneficiary by the physician/provider should be billed on the same claim.

All coverage criteria must be met before Medicare can reimburse this service.

Billing for these services in a non-covered situation (e.g., does not meet indications of the LCD) will generally require an Advance Beneficiary Notice (ABN) be obtained before the service is rendered.

Limitation of liability and refund requirements apply when denials are likely, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item, or procedure may not be covered by Medicare.

The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category, or is rendered for screening purposes.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes: (8 Codes)

CODE	DESCRIPTION
80305	Drug test prsmv dir opt obs
80306	Drug test prsmv instrmnt
80307	Drug test prsmv chem anlyzr
G0480	Drug test def 1-7 classes
G0481	Drug test def 8-14 classes
G0482	Drug test def 15-21 classes
G0483	Drug test def 22+ classes
G0659	Drug test def simple all cl

Group 2 Paragraph:

The following CPT codes are Non-Covered by Medicare

Group 2 Codes: (58 Codes)

CODE	DESCRIPTION
80320 - 80377	Drug screen quantalcohols - Drug/substance nos 7/more

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

For monitoring of patient compliance in a drug treatment program, use diagnosis code Z03.89 as the primary

diagnosis and the specific drug dependence diagnosis as the secondary diagnosis.
For the monitoring of patients on methadone maintenance and chronic pain patients with opioid dependence use diagnosis code Z79.891, suspected of abusing other illicit drugs, use diagnosis code Z79.899.

G0480, G0481, G0482, G0483, G0659, 80305, 80306, 80307.
Diagnosis codes must be coded to the highest level of specificity.
For codes in the table below that require a 7th character, letter A initial encounter, D subsequent encounter or S sequela may be used.

Group 1 Codes: (282 Codes)

CODE	DESCRIPTION
E87.2	Acidosis
F10.130	Alcohol abuse with withdrawal, uncomplicated
F10.131	Alcohol abuse with withdrawal delirium
F10.132	Alcohol abuse with withdrawal with perceptual disturbance
F10.930	Alcohol use, unspecified with withdrawal, uncomplicated
F10.931	Alcohol use, unspecified with withdrawal delirium
F10.932	Alcohol use, unspecified with withdrawal with perceptual disturbance
F11.13	Opioid abuse with withdrawal
F11.20	Opioid dependence, uncomplicated
F11.23	Opioid dependence with withdrawal
F12.13	Cannabis abuse with withdrawal
F12.23	Cannabis dependence with withdrawal
F12.93	Cannabis use, unspecified with withdrawal
F13.130	Sedative, hypnotic or anxiolytic abuse with withdrawal, uncomplicated
F13.131	Sedative, hypnotic or anxiolytic abuse with withdrawal delirium
F13.132	Sedative, hypnotic or anxiolytic abuse with withdrawal with perceptual disturbance
F14.13	Cocaine abuse, unspecified with withdrawal
F14.93	Cocaine use, unspecified with withdrawal
F15.13	Other stimulant abuse with withdrawal
F18.10	Inhalant abuse, uncomplicated
F18.120	Inhalant abuse with intoxication, uncomplicated
F18.90	Inhalant use, unspecified, uncomplicated
F19.130	Other psychoactive substance abuse with withdrawal, uncomplicated
F19.131	Other psychoactive substance abuse with withdrawal delirium

CODE	DESCRIPTION
F19.132	Other psychoactive substance abuse with withdrawal with perceptual disturbance
F19.20	Other psychoactive substance dependence, uncomplicated
F20.0	Paranoid schizophrenia
F20.1	Disorganized schizophrenia
F20.2	Catatonic schizophrenia
F20.89	Other schizophrenia
F55.3	Abuse of steroids or hormones
F55.8	Abuse of other non-psychoactive substances
I45.81	Long QT syndrome
I47.2	Ventricular tachycardia
R40.0	Somnolence
R40.1	Stupor
R40.20	Unspecified coma
R40.2110	Coma scale, eyes open, never, unspecified time
R40.2111	Coma scale, eyes open, never, in the field [EMT or ambulance]
R40.2112	Coma scale, eyes open, never, at arrival to emergency department
R40.2113	Coma scale, eyes open, never, at hospital admission
R40.2114	Coma scale, eyes open, never, 24 hours or more after hospital admission
R40.2120	Coma scale, eyes open, to pain, unspecified time
R40.2121	Coma scale, eyes open, to pain, in the field [EMT or ambulance]
R40.2122	Coma scale, eyes open, to pain, at arrival to emergency department
R40.2123	Coma scale, eyes open, to pain, at hospital admission
R40.2124	Coma scale, eyes open, to pain, 24 hours or more after hospital admission
R40.2210	Coma scale, best verbal response, none, unspecified time
R40.2211	Coma scale, best verbal response, none, in the field [EMT or ambulance]
R40.2212	Coma scale, best verbal response, none, at arrival to emergency department
R40.2213	Coma scale, best verbal response, none, at hospital admission
R40.2214	Coma scale, best verbal response, none, 24 hours or more after hospital admission
R40.2220	Coma scale, best verbal response, incomprehensible words, unspecified time
R40.2221	Coma scale, best verbal response, incomprehensible words, in the field [EMT or ambulance]
R40.2222	Coma scale, best verbal response, incomprehensible words, at arrival to emergency

CODE	DESCRIPTION
	department
R40.2223	Coma scale, best verbal response, incomprehensible words, at hospital admission
R40.2224	Coma scale, best verbal response, incomprehensible words, 24 hours or more after hospital admission
R40.2310	Coma scale, best motor response, none, unspecified time
R40.2311	Coma scale, best motor response, none, in the field [EMT or ambulance]
R40.2312	Coma scale, best motor response, none, at arrival to emergency department
R40.2313	Coma scale, best motor response, none, at hospital admission
R40.2314	Coma scale, best motor response, none, 24 hours or more after hospital admission
R40.2320	Coma scale, best motor response, extension, unspecified time
R40.2321	Coma scale, best motor response, extension, in the field [EMT or ambulance]
R40.2322	Coma scale, best motor response, extension, at arrival to emergency department
R40.2323	Coma scale, best motor response, extension, at hospital admission
R40.2324	Coma scale, best motor response, extension, 24 hours or more after hospital admission
R40.2340	Coma scale, best motor response, flexion withdrawal, unspecified time
R40.2341	Coma scale, best motor response, flexion withdrawal, in the field [EMT or ambulance]
R40.2342	Coma scale, best motor response, flexion withdrawal, at arrival to emergency department
R40.2343	Coma scale, best motor response, flexion withdrawal, at hospital admission
R40.2344	Coma scale, best motor response, flexion withdrawal, 24 hours or more after hospital admission
R41.0	Disorientation, unspecified
R41.82	Altered mental status, unspecified
R44.0	Auditory hallucinations
R44.2	Other hallucinations
R56.9	Unspecified convulsions
T39.011A	Poisoning by aspirin, accidental (unintentional), initial encounter
T39.012A	Poisoning by aspirin, intentional self-harm, initial encounter
T39.013A	Poisoning by aspirin, assault, initial encounter
T39.014A	Poisoning by aspirin, undetermined, initial encounter
T39.091A	Poisoning by salicylates, accidental (unintentional), initial encounter

CODE	DESCRIPTION
T39.092A	Poisoning by salicylates, intentional self-harm, initial encounter
T39.093A	Poisoning by salicylates, assault, initial encounter
T39.094A	Poisoning by salicylates, undetermined, initial encounter
T39.1X1A	Poisoning by 4-Aminophenol derivatives, accidental (unintentional), initial encounter
T39.1X2A	Poisoning by 4-Aminophenol derivatives, intentional self-harm, initial encounter
T39.1X3A	Poisoning by 4-Aminophenol derivatives, assault, initial encounter
T39.1X4A	Poisoning by 4-Aminophenol derivatives, undetermined, initial encounter
T39.2X1A	Poisoning by pyrazolone derivatives, accidental (unintentional), initial encounter
T39.2X2A	Poisoning by pyrazolone derivatives, intentional self-harm, initial encounter
T39.2X3A	Poisoning by pyrazolone derivatives, assault, initial encounter
T39.2X4A	Poisoning by pyrazolone derivatives, undetermined, initial encounter
T39.311A	Poisoning by propionic acid derivatives, accidental (unintentional), initial encounter
T39.312A	Poisoning by propionic acid derivatives, intentional self-harm, initial encounter
T39.313A	Poisoning by propionic acid derivatives, assault, initial encounter
T39.314A	Poisoning by propionic acid derivatives, undetermined, initial encounter
T39.391A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], accidental (unintentional), initial encounter
T39.392A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], intentional self-harm, initial encounter
T39.393A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], assault, initial encounter
T39.394A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], undetermined, initial encounter
CODE	DESCRIPTION
T40.0X1A	Poisoning by opium, accidental (unintentional), initial encounter
T40.0X2A	Poisoning by opium, intentional self-harm, initial encounter
T40.0X3A	Poisoning by opium, assault, initial encounter
T40.0X4A	Poisoning by opium, undetermined, initial encounter
T40.1X1A	Poisoning by heroin, accidental (unintentional), initial encounter
T40.1X2A	Poisoning by heroin, intentional self-harm, initial encounter
T40.1X3A	Poisoning by heroin, assault, initial encounter
T40.1X4A	Poisoning by heroin, undetermined, initial encounter
T40.2X1A	Poisoning by other opioids, accidental (unintentional), initial encounter

CODE	DESCRIPTION
T40.2X2A	Poisoning by other opioids, intentional self-harm, initial encounter
T40.2X3A	Poisoning by other opioids, assault, initial encounter
T40.2X4A	Poisoning by other opioids, undetermined, initial encounter
T40.3X1A	Poisoning by methadone, accidental (unintentional), initial encounter
T40.3X2A	Poisoning by methadone, intentional self-harm, initial encounter
T40.3X3A	Poisoning by methadone, assault, initial encounter
T40.3X4A	Poisoning by methadone, undetermined, initial encounter
T40.411A	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), initial encounter
T40.412A	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, initial encounter
T40.413A	Poisoning by fentanyl or fentanyl analogs, assault, initial encounter
T40.414A	Poisoning by fentanyl or fentanyl analogs, undetermined, initial encounter
T40.421A	Poisoning by tramadol, accidental (unintentional), initial encounter
T40.422A	Poisoning by tramadol, intentional self-harm, initial encounter
T40.423A	Poisoning by tramadol, assault, initial encounter
T40.424A	Poisoning by tramadol, undetermined, initial encounter
T40.491A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter
T40.492A	Poisoning by other synthetic narcotics, intentional self-harm, initial encounter
T40.493A	Poisoning by other synthetic narcotics, assault, initial encounter
T40.494A	Poisoning by other synthetic narcotics, undetermined, initial encounter
T40.5X1A	Poisoning by cocaine, accidental (unintentional), initial encounter
T40.5X2A	Poisoning by cocaine, intentional self-harm, initial encounter
T40.5X3A	Poisoning by cocaine, assault, initial encounter
T40.5X4A	Poisoning by cocaine, undetermined, initial encounter
T40.601A	Poisoning by unspecified narcotics, accidental (unintentional), initial encounter
T40.602A	Poisoning by unspecified narcotics, intentional self-harm, initial encounter
T40.603A	Poisoning by unspecified narcotics, assault, initial encounter
T40.604A	Poisoning by unspecified narcotics, undetermined, initial encounter
T40.691A	Poisoning by other narcotics, accidental (unintentional), initial encounter
T40.692A	Poisoning by other narcotics, intentional self-harm, initial encounter
T40.693A	Poisoning by other narcotics, assault, initial encounter
T40.694A	Poisoning by other narcotics, undetermined, initial encounter

CODE	DESCRIPTION
T40.711A	Poisoning by cannabis, accidental (unintentional), initial encounter
T40.712A	Poisoning by cannabis, intentional self-harm, initial encounter
T40.713A	Poisoning by cannabis, assault, initial encounter
T40.714A	Poisoning by cannabis, undetermined, initial encounter
T40.721A	Poisoning by synthetic cannabinoids, accidental (unintentional), initial encounter
T40.722A	Poisoning by synthetic cannabinoids, intentional self-harm, initial encounter
T40.723A	Poisoning by synthetic cannabinoids, assault, initial encounter
T40.724A	Poisoning by synthetic cannabinoids, undetermined, initial encounter
T40.8X1A	Poisoning by lysergide [LSD], accidental (unintentional), initial encounter
T40.8X2A	Poisoning by lysergide [LSD], intentional self-harm, initial encounter
T40.8X3A	Poisoning by lysergide [LSD], assault, initial encounter
T40.8X4A	Poisoning by lysergide [LSD], undetermined, initial encounter
T40.901A	Poisoning by unspecified psychodysleptics [hallucinogens], accidental (unintentional), initial encounter
T40.902A	Poisoning by unspecified psychodysleptics [hallucinogens], intentional self-harm, initial encounter
T40.903A	Poisoning by unspecified psychodysleptics [hallucinogens], assault, initial encounter
T40.904A	Poisoning by unspecified psychodysleptics [hallucinogens], undetermined, initial encounter
T40.991A	Poisoning by other psychodysleptics [hallucinogens], accidental (unintentional), initial encounter
T40.992A	Poisoning by other psychodysleptics [hallucinogens], intentional self-harm, initial encounter
T40.993A	Poisoning by other psychodysleptics [hallucinogens], assault, initial encounter
T40.994A	Poisoning by other psychodysleptics [hallucinogens], undetermined, initial encounter
T42.0X1A	Poisoning by hydantoin derivatives, accidental (unintentional), initial encounter
T42.0X2A	Poisoning by hydantoin derivatives, intentional self-harm, initial encounter
T42.0X3A	Poisoning by hydantoin derivatives, assault, initial encounter
T42.0X4A	Poisoning by hydantoin derivatives, undetermined, initial encounter
T42.3X1A	Poisoning by barbiturates, accidental (unintentional), initial encounter
T42.3X2A	Poisoning by barbiturates, intentional self-harm, initial encounter
T42.3X3A	Poisoning by barbiturates, assault, initial encounter
T42.3X4A	Poisoning by barbiturates, undetermined, initial encounter

CODE	DESCRIPTION
T42.4X1A	Poisoning by benzodiazepines, accidental (unintentional), initial encounter
T42.4X2A	Poisoning by benzodiazepines, intentional self-harm, initial encounter
T42.4X3A	Poisoning by benzodiazepines, assault, initial encounter
T42.4X4A	Poisoning by benzodiazepines, undetermined, initial encounter
T42.6X1A	Poisoning by other antiepileptic and sedative-hypnotic drugs, accidental (unintentional), initial encounter
T42.6X2A	Poisoning by other antiepileptic and sedative-hypnotic drugs, intentional self-harm, initial encounter
T42.6X3A	Poisoning by other antiepileptic and sedative-hypnotic drugs, assault, initial encounter
T42.6X4A	Poisoning by other antiepileptic and sedative-hypnotic drugs, undetermined, initial encounter
T42.71XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, accidental (unintentional), initial encounter
T42.72XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, intentional self-harm, initial encounter
T42.73XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, assault, initial encounter
T42.74XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, undetermined, initial encounter
T43.011A	Poisoning by tricyclic antidepressants, accidental (unintentional), initial encounter
T43.012A	Poisoning by tricyclic antidepressants, intentional self-harm, initial encounter
T43.013A	Poisoning by tricyclic antidepressants, assault, initial encounter
T43.014A	Poisoning by tricyclic antidepressants, undetermined, initial encounter
T43.021A	Poisoning by tetracyclic antidepressants, accidental (unintentional), initial encounter
T43.022A	Poisoning by tetracyclic antidepressants, intentional self-harm, initial encounter
T43.023A	Poisoning by tetracyclic antidepressants, assault, initial encounter
T43.024A	Poisoning by tetracyclic antidepressants, undetermined, initial encounter
T43.1X1A	Poisoning by monoamine-oxidase-inhibitor antidepressants, accidental (unintentional), initial encounter
T43.1X2A	Poisoning by monoamine-oxidase-inhibitor antidepressants, intentional self-harm, initial encounter
T43.1X3A	Poisoning by monoamine-oxidase-inhibitor antidepressants, assault, initial encounter
T43.1X4A	Poisoning by monoamine-oxidase-inhibitor antidepressants, undetermined, initial

CODE	DESCRIPTION
	encounter
T43.201A	Poisoning by unspecified antidepressants, accidental (unintentional), initial encounter
T43.202A	Poisoning by unspecified antidepressants, intentional self-harm, initial encounter
T43.203A	Poisoning by unspecified antidepressants, assault, initial encounter
T43.204A	Poisoning by unspecified antidepressants, undetermined, initial encounter
T43.211A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, accidental (unintentional), initial encounter
T43.212A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, intentional self-harm, initial encounter
T43.213A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, assault, initial encounter
T43.214A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, undetermined, initial encounter
CODE	DESCRIPTION
T43.221A	Poisoning by selective serotonin reuptake inhibitors, accidental (unintentional), initial encounter
T43.222A	Poisoning by selective serotonin reuptake inhibitors, intentional self-harm, initial encounter
T43.223A	Poisoning by selective serotonin reuptake inhibitors, assault, initial encounter
T43.224A	Poisoning by selective serotonin reuptake inhibitors, undetermined, initial encounter
T43.291A	Poisoning by other antidepressants, accidental (unintentional), initial encounter
T43.292A	Poisoning by other antidepressants, intentional self-harm, initial encounter
T43.293A	Poisoning by other antidepressants, assault, initial encounter
T43.294A	Poisoning by other antidepressants, undetermined, initial encounter
T43.3X1A	Poisoning by phenothiazine antipsychotics and neuroleptics, accidental (unintentional), initial encounter
T43.3X2A	Poisoning by phenothiazine antipsychotics and neuroleptics, intentional self-harm, initial encounter
T43.3X3A	Poisoning by phenothiazine antipsychotics and neuroleptics, assault, initial encounter
T43.3X4A	Poisoning by phenothiazine antipsychotics and neuroleptics, undetermined, initial encounter
T43.4X1A	Poisoning by butyrophenone and thiothixene neuroleptics, accidental (unintentional), initial encounter

CODE	DESCRIPTION
T43.4X2A	Poisoning by butyrophenone and thiothixene neuroleptics, intentional self-harm, initial encounter
T43.4X3A	Poisoning by butyrophenone and thiothixene neuroleptics, assault, initial encounter
T43.4X4A	Poisoning by butyrophenone and thiothixene neuroleptics, undetermined, initial encounter
T43.501A	Poisoning by unspecified antipsychotics and neuroleptics, accidental (unintentional), initial encounter
T43.502A	Poisoning by unspecified antipsychotics and neuroleptics, intentional self-harm, initial encounter
T43.503A	Poisoning by unspecified antipsychotics and neuroleptics, assault, initial encounter
T43.504A	Poisoning by unspecified antipsychotics and neuroleptics, undetermined, initial encounter
T43.591A	Poisoning by other antipsychotics and neuroleptics, accidental (unintentional), initial encounter
T43.592A	Poisoning by other antipsychotics and neuroleptics, intentional self-harm, initial encounter
T43.593A	Poisoning by other antipsychotics and neuroleptics, assault, initial encounter
T43.594A	Poisoning by other antipsychotics and neuroleptics, undetermined, initial encounter
T43.601A	Poisoning by unspecified psychostimulants, accidental (unintentional), initial encounter
T43.602A	Poisoning by unspecified psychostimulants, intentional self-harm, initial encounter
T43.603A	Poisoning by unspecified psychostimulants, assault, initial encounter
T43.604A	Poisoning by unspecified psychostimulants, undetermined, initial encounter
T43.611A	Poisoning by caffeine, accidental (unintentional), initial encounter
T43.612A	Poisoning by caffeine, intentional self-harm, initial encounter
T43.613A	Poisoning by caffeine, assault, initial encounter
T43.614A	Poisoning by caffeine, undetermined, initial encounter
T43.621A	Poisoning by amphetamines, accidental (unintentional), initial encounter
T43.622A	Poisoning by amphetamines, intentional self-harm, initial encounter
T43.623A	Poisoning by amphetamines, assault, initial encounter
T43.624A	Poisoning by amphetamines, undetermined, initial encounter
T43.631A	Poisoning by methylphenidate, accidental (unintentional), initial encounter
T43.632A	Poisoning by methylphenidate, intentional self-harm, initial encounter
T43.633A	Poisoning by methylphenidate, assault, initial encounter

CODE	DESCRIPTION
T43.634A	Poisoning by methylphenidate, undetermined, initial encounter
T43.641A	Poisoning by ecstasy, accidental (unintentional), initial encounter
T43.642A	Poisoning by ecstasy, intentional self-harm, initial encounter
T43.643A	Poisoning by ecstasy, assault, initial encounter
T43.644A	Poisoning by ecstasy, undetermined, initial encounter
T43.691A	Poisoning by other psychostimulants, accidental (unintentional), initial encounter
T43.692A	Poisoning by other psychostimulants, intentional self-harm, initial encounter
T43.693A	Poisoning by other psychostimulants, assault, initial encounter
T43.694A	Poisoning by other psychostimulants, undetermined, initial encounter
T43.8X1A	Poisoning by other psychotropic drugs, accidental (unintentional), initial encounter
T43.8X2A	Poisoning by other psychotropic drugs, intentional self-harm, initial encounter
T43.8X3A	Poisoning by other psychotropic drugs, assault, initial encounter
T43.8X4A	Poisoning by other psychotropic drugs, undetermined, initial encounter
T43.91XA	Poisoning by unspecified psychotropic drug, accidental (unintentional), initial encounter
T43.92XA	Poisoning by unspecified psychotropic drug, intentional self-harm, initial encounter
T43.93XA	Poisoning by unspecified psychotropic drug, assault, initial encounter
T43.94XA	Poisoning by unspecified psychotropic drug, undetermined, initial encounter
T45.0X1A	Poisoning by antiallergic and antiemetic drugs, accidental (unintentional), initial encounter
T45.0X2A	Poisoning by antiallergic and antiemetic drugs, intentional self-harm, initial encounter
T45.0X3A	Poisoning by antiallergic and antiemetic drugs, assault, initial encounter
T45.0X4A	Poisoning by antiallergic and antiemetic drugs, undetermined, initial encounter
T46.0X1A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, accidental (unintentional), initial encounter
T46.0X2A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, intentional self-harm, initial encounter
T46.0X3A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, assault, initial encounter
T46.0X4A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, undetermined, initial encounter
T50.901A	Poisoning by unspecified drugs, medicaments and biological substances, accidental (unintentional), initial encounter

CODE	DESCRIPTION
T50.902A	Poisoning by unspecified drugs, medicaments and biological substances, intentional self-harm, initial encounter
T50.903A	Poisoning by unspecified drugs, medicaments and biological substances, assault, initial encounter
T50.904A	Poisoning by unspecified drugs, medicaments and biological substances, undetermined, initial encounter
T50.911A	Poisoning by multiple unspecified drugs, medicaments and biological substances, accidental (unintentional), initial encounter
T50.912A	Poisoning by multiple unspecified drugs, medicaments and biological substances, intentional self-harm, initial encounter
T50.913A	Poisoning by multiple unspecified drugs, medicaments and biological substances, assault, initial encounter
T50.914A	Poisoning by multiple unspecified drugs, medicaments and biological substances, undetermined, initial encounter
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy
Z91.120	Patient's intentional underdosing of medication regimen due to financial hardship
Z91.128	Patient's intentional underdosing of medication regimen for other reason
Z91.130	Patient's unintentional underdosing of medication regimen due to age-related debility
Z91.138	Patient's unintentional underdosing of medication regimen for other reason
Z91.14	Patient's other noncompliance with medication regimen
Z91.19	Patient's noncompliance with other medical treatment and regimen

ICD-10-CM Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10-PCS Codes

N/A

Additional ICD-10 Information

N/A

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2021	R5	09/30/2021 ICD-10 CM Code Updates: Under ICD-10 Codes that Support Medical Necessity, deleted T40.7X1A, T40.7X2A, T40.7X3A, and T40.7X4A from Group 1 codes. Added T40.711A, T40.712A, T40.713A, T40.714A, T40.721A, T40.722A, T40.723A, and T40.724A to Group 1 Codes. Punctuation corrections made throughout the article. Review completed 08/09/2021.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2020	R4	10/01/2020 ICD-10-CM Code Updates: added the following to Group One: F10.130, F10.131, F10.132, F10.930, F10.931, F10.932, F11.13, F12.13, F13.130, F13.131, F13.132, F14.13, F14.93, F15.13, F19.130, F19.131, F19.132, T40.411A, T40.411D, T40.411S, T40.412A, T40.412D, T40.412S, T40.413A, T40.413D, T40.413S, T40.414A, T40.414D, T40.414S, T40.421A, T40.421D, T40.421S, T40.422A, T40.422D, T40.422S, T40.423A, T40.423D, T40.423S, T40.424A, T40.424D, T40.424S, T40.491A, T40.491D, T40.491S,T40.492A, T40.492D, T40.492S, T40.493A, T40.493D, T40.493S, T40.494A, T40.494D, and T40.494S. Deleted the following ICD-10 codes from Group One: T40.4X1A, T40.4X1D, T40.4X1S, T40.4X2A, T40.4X2D, T40.4X2S, T40.4X3A, T40.4X3D, T40.4X3S, T40.4X4A, T40.4X4D, and T40.4X4S.
05/10/2020	R3	03/26/2020 Added the following under Article Text: L34645 Drug Testing and the sentence: "The documentation should support the medical necessity of the drug testing ordered and should support the clinical indicators that led to ordering the test." Added Documentation Requirements Section from L34645 Drug Testing to the Coding Guidelines effective 05/10/2020.
11/01/2019	R2	11/01/2019 Content has been moved to the new template.
10/01/2019	R1	09/26/2019 ICD-10-CM Code Updates: Added the following codes to Group One: T50.911A, T50.912A, T50.913A, and T50.914A.

Associated Documents

Related Local Coverage Documents

LCDs

L34645 - Drug Testing

Related National Coverage Documents

N/A

Statutory Requirements URLs

N/A

Rules and Regulations URLs

N/A

CMS Manual Explanations URLs

N/A

Other URLs

N/A

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
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Article - Billing and Coding: Flow Cytometry (A56464)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
CGS Administrators, LLC	MAC - Part A	15101 - MAC A	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part B	15102 - MAC B	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part A	15201 - MAC A	J - 15	Ohio
CGS Administrators, LLC	MAC - Part B	15202 - MAC B	J - 15	Ohio

Article Information

General Information

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Billing and Coding

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

CMS IOM Pub 100-04 Ch 16, §50.5 Jurisdiction of Laboratory Claims, §60.1.2 Independent Laboratory Specimen Drawing, §60.2. Travel Allowance

CMS IOM Pub 100-04 Medicare Claims Processing Manual, Ch 23, §10 Reporting ICD Diagnosis and Procedure Codes

Article Guidance

Article Text

This article gives guidance for billing, coding, and other guidelines in relation to local coverage policy for L34037-Flow Cytometry.

General Guidelines for Claims submitted to Part A or Part B MAC:

General Guidelines for claims submitted to Part A or Part B MAC:

Code 88182 applies to the physician professional and facility technical components of DNA ploidy and S-phase analysis of tumor by flow cytometric technique. Use codes 88184 (first marker) and 88185 (each additional marker, beyond the first) to report the facility technical component of flow cytometric immunophenotyping for the assessment of potential hematolymphoid neoplasia.

Flow cytometry interpretation should be reported using CPT codes 88187-88189. Only one code should be reported for all flow cytometry performed on a specimen. Since Medicare does not pay for duplicate testing, do not report flow cytometry on multiple specimens on the same date of service unless the morphology or other clinical factors suggest differing results on the different specimens. There is no CPT code for interpretation of one marker. The provider should not bill for interpretation of a single marker using another CPT code.

Quantitative cell counts performed by flow cytometry are billed using CPT codes 86355, 86356, 86357, 86359, 86360, 86361 and 86367. These codes should not be reported with the flow cytometry interpretation CPT codes 88187-88189 since there is no interpretative service for these quantitative cell counts. Do not report code 88184 or 88185 together with a code in the 86355-86367 series in conjunction with the same laboratory analysis.

Procedure codes may be subject to National Correct Coding Initiative (NCCI) edits or OPPS packaging edits. Refer to NCCI and OPPS requirements prior to billing Medicare. For services requiring a referring/ordering physician, the name and NPI of the referring/ordering physician must be reported on the claim. A claim submitted without a valid ICD-10-CM diagnosis code will be returned to the provider as an incomplete claim under Section 1833(e) of the Social Security Act. The diagnosis code(s) must best describe the patient's condition for which the service was performed. For diagnostic tests, report the result of the test if known; otherwise the symptoms prompting the performance of the test should be reported.

Advance Beneficiary Notice of Non-coverage (ABN) Modifier Guidelines

An ABN may be used for services which are likely to be non-covered, whether for medical necessity or for other reasons. Refer to CMS Publication 100-04, Medicare Claims Processing Manual, Chapter 30, for complete instructions.

Effective from April 1, 2010, non-covered services should be billed with modifier –GA, -GX, -GY, or –GZ, as appropriate.

The –GA modifier ("Waiver of Liability Statement Issued as Required by Payer Policy") should be used when physicians, practitioners, or suppliers want to indicate that they anticipate that Medicare will deny a specific service as not reasonable and necessary and they do have an ABN signed by the beneficiary on file. Modifier GA applies only when services will be denied under reasonable and necessary provisions, sections 1862(a)(1), 1862(a)(9), 1879(e), or 1879(g) of the Social Security Act. Effective April 1, 2010, Part A MAC systems will automatically deny services billed with modifier GA. An ABN, Form CMS-R-131, should be signed by the beneficiary to indicate that he/she accepts responsibility for payment. The -GA modifier may also be used on assigned claims when a patient refuses to sign the ABN and the latter is properly witnessed. For claims submitted to the Part A MAC, occurrence code 32 and the date of the ABN is required.

Modifier GX ("Notice of Liability Issued, Voluntary Under Payer Policy") should be used when the beneficiary has signed an ABN, and a denial is anticipated based on provisions other than medical necessity, such as statutory exclusions of coverage or technical issues. An ABN is not required for these denials, but if non-covered services are reported with modifier GX, will automatically be denied services.

The –GZ modifier should be used when physicians, practitioners, or suppliers want to indicate that they expect that Medicare will deny an item or service as not reasonable and necessary and they have not had an ABN signed by the beneficiary. If the service is statutorily non-covered, or without a benefit category, submit the appropriate CPT/HCPCS code with the -GY modifier. An ABN is not required for these denials, and the limitation of liability does not apply for beneficiaries. Services with modifier GY will automatically deny.

Documentation Requirements

The patient's medical record should include but is not limited to:

- The assessment of the patient by the ordering provider as it relates to the complaint of the patient for that visit,
- Relevant medical history
- Results of pertinent tests/procedures
- Signed and dated office visit record/operative report (Please note that all services ordered or rendered to Medicare beneficiaries must be signed.)

For claims submitted to the Part B MAC:

All services/procedures performed on the same day for the same beneficiary by the physician/provider should be

billed on the same claim.

Claims for Flow Cytometry services are payable under Medicare Part B in the following places of service:

For CPT codes 86355, 86356, 86357, 86359, 86360 and 86361: office (11), independent clinic (49), federally qualified health center (50), rural health clinic (72), and independent laboratory (81);

For CPT code 88182, (global service) office (11), independent clinic (49), and independent laboratory (81);

For CPT codes 88182-TC, 88184 and 88185 (technical services), office (11), independent clinic (49), federally qualified health center (50), rural health clinic (72), and independent laboratory (81);

For CPT codes 88182-26, 88187, 88188 and 88189 (professional services) office (11), inpatient hospital (21), outpatient hospital (22), independent clinic (49), and independent laboratory (81).

For CPT code 92025 (global/technical) POS 15 (mobile unit) is payable under Medicare Part B.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes: (6 Codes)

CODE	DESCRIPTION
88182	FLOW CYTOMETRY, CELL CYCLE OR DNA ANALYSIS
88184	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; FIRST MARKER
88185	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; EACH ADDITIONAL MARKER (LIST SEPARATELY IN ADDITION TO CODE FOR FIRST MARKER)
88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS
88188	FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS
88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS

Group 2 Paragraph:

Quantitative Codes in immunology section:

Group 2 Codes: (7 Codes)

CODE	DESCRIPTION
86355	B CELLS, TOTAL COUNT
86356	MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (EG, FLOW CYTOMETRY), NOT OTHERWISE SPECIFIED, EACH ANTIGEN
86357	NATURAL KILLER (NK) CELLS, TOTAL COUNT
86359	T CELLS; TOTAL COUNT
86360	T CELLS; ABSOLUTE CD4 AND CD8 COUNT, INCLUDING RATIO
86361	T CELLS; ABSOLUTE CD4 COUNT
86367	STEM CELLS (IE, CD34), TOTAL COUNT

CPT/HCPCS Modifiers

N/A

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

It is the responsibility of the provider to code to the highest level specified in the ICD-10-CM. The correct use of an ICD-10-CM code does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

Group 1 Codes: (1,335 Codes)

CODE	DESCRIPTION
B20	Human immunodeficiency virus [HIV] disease
B97.33	Human T-cell lymphotrophic virus, type I [HTLV-I] as the cause of diseases classified elsewhere
B97.34	Human T-cell lymphotrophic virus, type II [HTLV-II] as the cause of diseases classified elsewhere
B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
C07	Malignant neoplasm of parotid gland
C08.0	Malignant neoplasm of submandibular gland
C11.0 - C11.3	Malignant neoplasm of superior wall of nasopharynx - Malignant neoplasm of anterior wall of nasopharynx
C11.8	Malignant neoplasm of overlapping sites of nasopharynx
C11.9	Malignant neoplasm of nasopharynx, unspecified
C15.3	Malignant neoplasm of upper third of esophagus

CODE	DESCRIPTION
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C16.0 - C16.9	Malignant neoplasm of cardia - Malignant neoplasm of stomach, unspecified
C17.0 - C17.2	Malignant neoplasm of duodenum - Malignant neoplasm of ileum
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.0 - C21.2	Malignant neoplasm of anus, unspecified - Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.0	Liver cell carcinoma
C22.2	Hepatoblastoma
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C25.0 - C25.2	Malignant neoplasm of head of pancreas - Malignant neoplasm of tail of pancreas
C25.7 - C25.9	Malignant neoplasm of other parts of pancreas - Malignant neoplasm of pancreas, unspecified

CODE	DESCRIPTION
C26.0	Malignant neoplasm of intestinal tract, part unspecified
C26.1	Malignant neoplasm of spleen
C26.9	Malignant neoplasm of ill-defined sites within the digestive system
C30.0	Malignant neoplasm of nasal cavity
C30.1	Malignant neoplasm of middle ear
C31.0	Malignant neoplasm of maxillary sinus
C31.1	Malignant neoplasm of ethmoidal sinus
C31.2	Malignant neoplasm of frontal sinus
C31.3	Malignant neoplasm of sphenoid sinus
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses
C31.9	Malignant neoplasm of accessory sinus, unspecified
C32.0	Malignant neoplasm of glottis
C32.1	Malignant neoplasm of supraglottis
C32.2	Malignant neoplasm of subglottis
C32.3	Malignant neoplasm of laryngeal cartilage
C32.8	Malignant neoplasm of overlapping sites of larynx
C32.9	Malignant neoplasm of larynx, unspecified
C33	Malignant neoplasm of trachea
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C37	Malignant neoplasm of thymus
C38.1	Malignant neoplasm of anterior mediastinum
C38.2	Malignant neoplasm of posterior mediastinum
C38.3	Malignant neoplasm of mediastinum, part unspecified
C38.4	Malignant neoplasm of pleura
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb

CODE	DESCRIPTION
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
C41.0 - C41.4	Malignant neoplasm of bones of skull and face - Malignant neoplasm of pelvic bones, sacrum and coccyx
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
C43.0	Malignant melanoma of lip
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C44.00	Unspecified malignant neoplasm of skin of lip
C44.01	Basal cell carcinoma of skin of lip
C44.02	Squamous cell carcinoma of skin of lip
C44.09	Other specified malignant neoplasm of skin of lip
C44.1121	Basal cell carcinoma of skin of right upper eyelid, including canthus
C44.1122	Basal cell carcinoma of skin of right lower eyelid, including canthus
C44.1191	Basal cell carcinoma of skin of left upper eyelid, including canthus
C44.1192	Basal cell carcinoma of skin of left lower eyelid, including canthus
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus
C44.1921	Other specified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1922	Other specified malignant neoplasm of skin of right lower eyelid, including canthus
CODE	DESCRIPTION
C44.311	Basal cell carcinoma of skin of nose
C44.319	Basal cell carcinoma of skin of other parts of face

CODE	DESCRIPTION
C44.321	Squamous cell carcinoma of skin of nose
C44.391	Other specified malignant neoplasm of skin of nose
C44.399	Other specified malignant neoplasm of skin of other parts of face
C44.40	Unspecified malignant neoplasm of skin of scalp and neck
C44.41	Basal cell carcinoma of skin of scalp and neck
C44.42	Squamous cell carcinoma of skin of scalp and neck
C44.49	Other specified malignant neoplasm of skin of scalp and neck
C44.500	Unspecified malignant neoplasm of anal skin
C44.501	Unspecified malignant neoplasm of skin of breast
C44.509	Unspecified malignant neoplasm of skin of other part of trunk
C44.510	Basal cell carcinoma of anal skin
C44.511	Basal cell carcinoma of skin of breast
C44.519	Basal cell carcinoma of skin of other part of trunk
C44.520	Squamous cell carcinoma of anal skin
C44.521	Squamous cell carcinoma of skin of breast
C44.529	Squamous cell carcinoma of skin of other part of trunk
C44.590	Other specified malignant neoplasm of anal skin
C44.591	Other specified malignant neoplasm of skin of breast
C44.599	Other specified malignant neoplasm of skin of other part of trunk
C44.702	Unspecified malignant neoplasm of skin of right lower limb, including hip
C44.709	Unspecified malignant neoplasm of skin of left lower limb, including hip
C44.712	Basal cell carcinoma of skin of right lower limb, including hip
C44.719	Basal cell carcinoma of skin of left lower limb, including hip
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip
C44.792	Other specified malignant neoplasm of skin of right lower limb, including hip
C44.799	Other specified malignant neoplasm of skin of left lower limb, including hip
C44.80	Unspecified malignant neoplasm of overlapping sites of skin
C44.81	Basal cell carcinoma of overlapping sites of skin
C44.82	Squamous cell carcinoma of overlapping sites of skin
C44.89	Other specified malignant neoplasm of overlapping sites of skin
C45.0	Mesothelioma of pleura

CODE	DESCRIPTION
C45.1	Mesothelioma of peritoneum
C45.9	Mesothelioma, unspecified
C46.0 - C46.4	Kaposi's sarcoma of skin - Kaposi's sarcoma of gastrointestinal sites
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip
C47.3	Malignant neoplasm of peripheral nerves of thorax
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
C48.0 - C48.2	Malignant neoplasm of retroperitoneum - Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3 - C49.6	Malignant neoplasm of connective and soft tissue of thorax - Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast

CODE	DESCRIPTION
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C51.0 - C51.2	Malignant neoplasm of labium majus - Malignant neoplasm of clitoris
C51.9	Malignant neoplasm of vulva, unspecified
C52	Malignant neoplasm of vagina
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified

CODE	DESCRIPTION
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
CODE	DESCRIPTION
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C55	Malignant neoplasm of uterus, part unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C58	Malignant neoplasm of placenta
C60.1 - C60.2	Malignant neoplasm of glans penis - Malignant neoplasm of body of penis
C60.8	Malignant neoplasm of overlapping sites of penis
C60.9	Malignant neoplasm of penis, unspecified
C61	Malignant neoplasm of prostate
C63.00	Malignant neoplasm of unspecified epididymis
C63.10	Malignant neoplasm of unspecified spermatic cord
C63.2	Malignant neoplasm of scrotum
C63.7 - C63.9	Malignant neoplasm of other specified male genital organs - Malignant neoplasm of male genital organ, unspecified
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis

CODE	DESCRIPTION
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C66.1	Malignant neoplasm of right ureter
C66.2	Malignant neoplasm of left ureter
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.7	Malignant neoplasm of urachus
C67.8	Malignant neoplasm of overlapping sites of bladder
C67.9	Malignant neoplasm of bladder, unspecified
C68.0	Malignant neoplasm of urethra
C68.1	Malignant neoplasm of paraurethral glands
C68.8	Malignant neoplasm of overlapping sites of urinary organs
C69.01	Malignant neoplasm of right conjunctiva
C69.02	Malignant neoplasm of left conjunctiva
C69.11	Malignant neoplasm of right cornea
C69.12	Malignant neoplasm of left cornea
C69.21	Malignant neoplasm of right retina
C69.22	Malignant neoplasm of left retina
C69.31	Malignant neoplasm of right choroid
C69.32	Malignant neoplasm of left choroid
C69.41	Malignant neoplasm of right ciliary body
C69.42	Malignant neoplasm of left ciliary body
C69.51	Malignant neoplasm of right lacrimal gland and duct
C69.52	Malignant neoplasm of left lacrimal gland and duct
C69.61	Malignant neoplasm of right orbit
C69.62	Malignant neoplasm of left orbit
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa

CODE	DESCRIPTION
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa
C70.0	Malignant neoplasm of cerebral meninges
C70.1	Malignant neoplasm of spinal meninges
C70.9	Malignant neoplasm of meninges, unspecified
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C72.0	Malignant neoplasm of spinal cord
C72.1	Malignant neoplasm of cauda equina
C72.21	Malignant neoplasm of right olfactory nerve
C72.22	Malignant neoplasm of left olfactory nerve
C72.31	Malignant neoplasm of right optic nerve
C72.32	Malignant neoplasm of left optic nerve
C72.41	Malignant neoplasm of right acoustic nerve
C72.42	Malignant neoplasm of left acoustic nerve
C72.50	Malignant neoplasm of unspecified cranial nerve
C72.9	Malignant neoplasm of central nervous system, unspecified
C73	Malignant neoplasm of thyroid gland
C74.01	Malignant neoplasm of cortex of right adrenal gland
C74.02	Malignant neoplasm of cortex of left adrenal gland
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland
C75.0 - C75.5	Malignant neoplasm of parathyroid gland - Malignant neoplasm of aortic body and other paraganglia
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified
C75.9	Malignant neoplasm of endocrine gland, unspecified

CODE	DESCRIPTION
C76.0 - C76.3	Malignant neoplasm of head, face and neck - Malignant neoplasm of pelvis
C76.41	Malignant neoplasm of right upper limb
C76.42	Malignant neoplasm of left upper limb
C76.51	Malignant neoplasm of right lower limb
C76.52	Malignant neoplasm of left lower limb
C76.8	Malignant neoplasm of other specified ill-defined sites
C77.0 - C77.5	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck - Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified
C78.01 - C78.02	Secondary malignant neoplasm of right lung - Secondary malignant neoplasm of left lung
C78.1	Secondary malignant neoplasm of mediastinum
CODE	DESCRIPTION
C78.2	Secondary malignant neoplasm of pleura
C78.39	Secondary malignant neoplasm of other respiratory organs
C78.4 - C78.7	Secondary malignant neoplasm of small intestine - Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.89	Secondary malignant neoplasm of other digestive organs
C79.01 - C79.02	Secondary malignant neoplasm of right kidney and renal pelvis - Secondary malignant neoplasm of left kidney and renal pelvis
C79.11	Secondary malignant neoplasm of bladder
C79.19	Secondary malignant neoplasm of other urinary organs
C79.2	Secondary malignant neoplasm of skin
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.49	Secondary malignant neoplasm of other parts of nervous system
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow
C79.61	Secondary malignant neoplasm of right ovary
C79.62	Secondary malignant neoplasm of left ovary
C79.63	Secondary malignant neoplasm of bilateral ovaries
C79.71	Secondary malignant neoplasm of right adrenal gland

CODE	DESCRIPTION
C79.72	Secondary malignant neoplasm of left adrenal gland
C79.81	Secondary malignant neoplasm of breast
C79.82	Secondary malignant neoplasm of genital organs
C79.89	Secondary malignant neoplasm of other specified sites
C80.1	Malignant (primary) neoplasm, unspecified
C80.2	Malignant neoplasm associated with transplanted organ
C81.01 - C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck - Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.11 - C81.19	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck - Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.21 - C81.29	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck - Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.31 - C81.39	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck - Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.41 - C81.49	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck - Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.71 - C81.79	Other Hodgkin lymphoma, lymph nodes of head, face, and neck - Other Hodgkin lymphoma, extranodal and solid organ sites
C81.91 - C81.99	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck - Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C82.01 - C82.09	Follicular lymphoma grade I, lymph nodes of head, face, and neck - Follicular lymphoma grade I, extranodal and solid organ sites
C82.11 - C82.19	Follicular lymphoma grade II, lymph nodes of head, face, and neck - Follicular lymphoma grade II, extranodal and solid organ sites
C82.21 - C82.29	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck - Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.31 - C82.39	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck - Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.41 - C82.49	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck - Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.51 - C82.59	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck - Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.61 - C82.69	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck - Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.81 - C82.89	Other types of follicular lymphoma, lymph nodes of head, face, and neck - Other

CODE	DESCRIPTION
	types of follicular lymphoma, extranodal and solid organ sites
C82.91 - C82.99	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck - Follicular lymphoma, unspecified, extranodal and solid organ sites
C83.01 - C83.09	Small cell B-cell lymphoma, lymph nodes of head, face, and neck - Small cell B-cell lymphoma, extranodal and solid organ sites
C83.11 - C83.19	Mantle cell lymphoma, lymph nodes of head, face, and neck - Mantle cell lymphoma, extranodal and solid organ sites
C83.31 - C83.39	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck - Diffuse large B-cell lymphoma, extranodal and solid organ sites
C83.51 - C83.59	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck - Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.71 - C83.79	Burkitt lymphoma, lymph nodes of head, face, and neck - Burkitt lymphoma, extranodal and solid organ sites
C83.81 - C83.89	Other non-follicular lymphoma, lymph nodes of head, face, and neck - Other non-follicular lymphoma, extranodal and solid organ sites
C83.91 - C83.99	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck - Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C84.01 - C84.09	Mycosis fungoides, lymph nodes of head, face, and neck - Mycosis fungoides, extranodal and solid organ sites
C84.11 - C84.19	Sezary disease, lymph nodes of head, face, and neck - Sezary disease, extranodal and solid organ sites
C84.41 - C84.49	Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of head, face, and neck - Peripheral T-cell lymphoma, not elsewhere classified, extranodal and solid organ sites
C84.61 - C84.69	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck - Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.71 - C84.79	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck - Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.7A	Anaplastic large cell lymphoma, ALK-negative, breast
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes

CODE	DESCRIPTION
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C84.91 - C84.99	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck - Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C85.11 - C85.19	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck - Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.21 - C85.29	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck - Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.81 - C85.89	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck - Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.91 - C85.99	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck - Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C86.0	Extranodal NK/T-cell lymphoma, nasal type
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.3	Subcutaneous panniculitis-like T-cell lymphoma
C86.4	Blastic NK-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
C88.0	Waldenstrom macroglobulinemia
C88.2	Heavy chain disease
C88.3	Immunoproliferative small intestinal disease

CODE	DESCRIPTION
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
C88.8	Other malignant immunoproliferative diseases
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.11	Plasma cell leukemia in remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.21	Extramedullary plasmacytoma in remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.31	Solitary plasmacytoma in remission
C90.32	Solitary plasmacytoma in relapse
C91.00	Acute lymphoblastic leukemia not having achieved remission
CODE	DESCRIPTION
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission
C91.31	Prolymphocytic leukemia of B-cell type, in remission
C91.32	Prolymphocytic leukemia of B-cell type, in relapse
C91.40	Hairy cell leukemia not having achieved remission
C91.41	Hairy cell leukemia, in remission
C91.42	Hairy cell leukemia, in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission

CODE	DESCRIPTION
C91.61	Prolymphocytic leukemia of T-cell type, in remission
C91.62	Prolymphocytic leukemia of T-cell type, in relapse
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission
C91.A1	Mature B-cell leukemia Burkitt-type, in remission
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse
C91.Z0	Other lymphoid leukemia not having achieved remission
C91.Z1	Other lymphoid leukemia, in remission
C91.Z2	Other lymphoid leukemia, in relapse
C91.90	Lymphoid leukemia, unspecified not having achieved remission
C91.91	Lymphoid leukemia, unspecified, in remission
C91.92	Lymphoid leukemia, unspecified, in relapse
C92.00	Acute myeloblastic leukemia, not having achieved remission
C92.01	Acute myeloblastic leukemia, in remission
C92.02	Acute myeloblastic leukemia, in relapse
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C92.30	Myeloid sarcoma, not having achieved remission
C92.31	Myeloid sarcoma, in remission
C92.32	Myeloid sarcoma, in relapse
C92.40	Acute promyelocytic leukemia, not having achieved remission
C92.41	Acute promyelocytic leukemia, in remission
C92.42	Acute promyelocytic leukemia, in relapse
C92.50	Acute myelomonocytic leukemia, not having achieved remission
C92.51	Acute myelomonocytic leukemia, in remission
C92.52	Acute myelomonocytic leukemia, in relapse
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission

CODE	DESCRIPTION
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse
C92.Z0	Other myeloid leukemia not having achieved remission
C92.Z1	Other myeloid leukemia, in remission
C92.Z2	Other myeloid leukemia, in relapse
C92.90	Myeloid leukemia, unspecified, not having achieved remission
C92.91	Myeloid leukemia, unspecified in remission
C92.92	Myeloid leukemia, unspecified in relapse
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission
C93.01	Acute monoblastic/monocytic leukemia, in remission
C93.02	Acute monoblastic/monocytic leukemia, in relapse
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C93.11	Chronic myelomonocytic leukemia, in remission
C93.12	Chronic myelomonocytic leukemia, in relapse
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission
C93.31	Juvenile myelomonocytic leukemia, in remission
C93.32	Juvenile myelomonocytic leukemia, in relapse
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z1	Other monocytic leukemia, in remission
C93.Z2	Other monocytic leukemia, in relapse
C93.90	Monocytic leukemia, unspecified, not having achieved remission
C93.91	Monocytic leukemia, unspecified in remission
C93.92	Monocytic leukemia, unspecified in relapse
C94.00	Acute erythroid leukemia, not having achieved remission
C94.01	Acute erythroid leukemia, in remission
C94.02	Acute erythroid leukemia, in relapse
C94.20	Acute megakaryoblastic leukemia not having achieved remission
C94.21	Acute megakaryoblastic leukemia, in remission
C94.22	Acute megakaryoblastic leukemia, in relapse
C94.30	Mast cell leukemia not having achieved remission

CODE	DESCRIPTION
C94.31	Mast cell leukemia, in remission
C94.32	Mast cell leukemia, in relapse
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
C94.6	Myelodysplastic disease, not elsewhere classified
C94.80	Other specified leukemias not having achieved remission
C94.81	Other specified leukemias, in remission
C94.82	Other specified leukemias, in relapse
C95.00	Acute leukemia of unspecified cell type not having achieved remission
C95.01	Acute leukemia of unspecified cell type, in remission
C95.02	Acute leukemia of unspecified cell type, in relapse
C95.10	Chronic leukemia of unspecified cell type not having achieved remission
C95.11	Chronic leukemia of unspecified cell type, in remission
C95.12	Chronic leukemia of unspecified cell type, in relapse
C95.90	Leukemia, unspecified not having achieved remission
C95.91	Leukemia, unspecified, in remission
C95.92	Leukemia, unspecified, in relapse
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.20	Malignant mast cell neoplasm, unspecified
C96.21	Aggressive systemic mastocytosis
C96.22	Mast cell sarcoma
CODE	DESCRIPTION
C96.29	Other malignant mast cell neoplasm
C96.4	Sarcoma of dendritic cells (accessory cells)
C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
D02.0	Carcinoma in situ of larynx
D02.1	Carcinoma in situ of trachea
D03.0	Melanoma in situ of lip
D03.111	Melanoma in situ of right upper eyelid, including canthus

CODE	DESCRIPTION
D03.112	Melanoma in situ of right lower eyelid, including canthus
D03.121	Melanoma in situ of left upper eyelid, including canthus
D03.122	Melanoma in situ of left lower eyelid, including canthus
D03.21	Melanoma in situ of right ear and external auricular canal
D03.22	Melanoma in situ of left ear and external auricular canal
D03.30	Melanoma in situ of unspecified part of face
D03.39	Melanoma in situ of other parts of face
D03.4	Melanoma in situ of scalp and neck
D04.0	Carcinoma in situ of skin of lip
D04.111	Carcinoma in situ of skin of right upper eyelid, including canthus
D04.112	Carcinoma in situ of skin of right lower eyelid, including canthus
D04.121	Carcinoma in situ of skin of left upper eyelid, including canthus
D04.122	Carcinoma in situ of skin of left lower eyelid, including canthus
D04.21	Carcinoma in situ of skin of right ear and external auricular canal
D04.22	Carcinoma in situ of skin of left ear and external auricular canal
D04.39	Carcinoma in situ of skin of other parts of face
D07.0	Carcinoma in situ of endometrium
D10.0 - D10.2	Benign neoplasm of lip - Benign neoplasm of floor of mouth
D10.39	Benign neoplasm of other parts of mouth
D10.4 - D10.7	Benign neoplasm of tonsil - Benign neoplasm of hypopharynx
D11.0	Benign neoplasm of parotid gland
D11.7	Benign neoplasm of other major salivary glands
D12.0 - D12.5	Benign neoplasm of cecum - Benign neoplasm of sigmoid colon
D14.0 - D14.2	Benign neoplasm of middle ear, nasal cavity and accessory sinuses - Benign neoplasm of trachea
D14.31	Benign neoplasm of right bronchus and lung
D14.32	Benign neoplasm of left bronchus and lung
D16.4	Benign neoplasm of bones of skull and face
D16.5	Benign neoplasm of lower jaw bone
D21.0	Benign neoplasm of connective and other soft tissue of head, face and neck
D22.0	Melanocytic nevi of lip
D22.111	Melanocytic nevi of right upper eyelid, including canthus

CODE	DESCRIPTION
D22.112	Melanocytic nevi of right lower eyelid, including canthus
D22.121	Melanocytic nevi of left upper eyelid, including canthus
D22.122	Melanocytic nevi of left lower eyelid, including canthus
D22.21	Melanocytic nevi of right ear and external auricular canal
D22.22	Melanocytic nevi of left ear and external auricular canal
D22.30	Melanocytic nevi of unspecified part of face
D22.39	Melanocytic nevi of other parts of face
D22.4	Melanocytic nevi of scalp and neck
D23.0	Other benign neoplasm of skin of lip
D23.111	Other benign neoplasm of skin of right upper eyelid, including canthus
D23.112	Other benign neoplasm of skin of right lower eyelid, including canthus
D23.121	Other benign neoplasm of skin of left upper eyelid, including canthus
D23.122	Other benign neoplasm of skin of left lower eyelid, including canthus
D23.21	Other benign neoplasm of skin of right ear and external auricular canal
D23.22	Other benign neoplasm of skin of left ear and external auricular canal
D23.4	Other benign neoplasm of skin of scalp and neck
D31.01	Benign neoplasm of right conjunctiva
D31.02	Benign neoplasm of left conjunctiva
D31.11	Benign neoplasm of right cornea
D31.12	Benign neoplasm of left cornea
D31.21	Benign neoplasm of right retina
D31.22	Benign neoplasm of left retina
D31.31	Benign neoplasm of right choroid
D31.32	Benign neoplasm of left choroid
D31.41	Benign neoplasm of right ciliary body
D31.42	Benign neoplasm of left ciliary body
D31.51	Benign neoplasm of right lacrimal gland and duct
D31.52	Benign neoplasm of left lacrimal gland and duct
D31.61	Benign neoplasm of unspecified site of right orbit
D31.62	Benign neoplasm of unspecified site of left orbit
D31.91	Benign neoplasm of unspecified part of right eye
D31.92	Benign neoplasm of unspecified part of left eye

CODE	DESCRIPTION
D32.0	Benign neoplasm of cerebral meninges
D33.0	Benign neoplasm of brain, supratentorial
D33.1	Benign neoplasm of brain, infratentorial
D33.3	Benign neoplasm of cranial nerves
D34	Benign neoplasm of thyroid gland
D35.01	Benign neoplasm of right adrenal gland
D35.02	Benign neoplasm of left adrenal gland
D35.1 - D35.5	Benign neoplasm of parathyroid gland - Benign neoplasm of carotid body
D36.0	Benign neoplasm of lymph nodes
D37.01	Neoplasm of uncertain behavior of lip
D37.02	Neoplasm of uncertain behavior of tongue
D37.030	Neoplasm of uncertain behavior of the parotid salivary glands
D37.031	Neoplasm of uncertain behavior of the sublingual salivary glands
D37.032	Neoplasm of uncertain behavior of the submandibular salivary glands
D37.04	Neoplasm of uncertain behavior of the minor salivary glands
D37.05	Neoplasm of uncertain behavior of pharynx
D37.1	Neoplasm of uncertain behavior of stomach
D37.2	Neoplasm of uncertain behavior of small intestine
D37.4	Neoplasm of uncertain behavior of colon
D37.5	Neoplasm of uncertain behavior of rectum
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts
D38.0	Neoplasm of uncertain behavior of larynx
D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung
D38.2	Neoplasm of uncertain behavior of pleura
D38.3	Neoplasm of uncertain behavior of mediastinum
D38.4	Neoplasm of uncertain behavior of thymus
D38.5	Neoplasm of uncertain behavior of other respiratory organs
D39.0	Neoplasm of uncertain behavior of uterus
CODE	DESCRIPTION
D39.11	Neoplasm of uncertain behavior of right ovary
D39.12	Neoplasm of uncertain behavior of left ovary
D39.2	Neoplasm of uncertain behavior of placenta

CODE	DESCRIPTION
D40.0	Neoplasm of uncertain behavior of prostate
D40.8	Neoplasm of uncertain behavior of other specified male genital organs
D41.4	Neoplasm of uncertain behavior of bladder
D44.3 - D44.5	Neoplasm of uncertain behavior of pituitary gland - Neoplasm of uncertain behavior of pineal gland
D45	Polycythemia vera
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts
D46.20	Refractory anemia with excess of blasts, unspecified
D46.21	Refractory anemia with excess of blasts 1
D46.22	Refractory anemia with excess of blasts 2
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
D46.9	Myelodysplastic syndrome, unspecified
D47.01	Cutaneous mastocytosis
D47.02	Systemic mastocytosis
D47.09	Other mast cell neoplasms of uncertain behavior
D47.1	Chronic myeloproliferative disease
D47.2	Monoclonal gammopathy
D47.3	Essential (hemorrhagic) thrombocythemia
D47.4	Osteomyelofibrosis
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
D47.Z2	Castleman disease
D48.0 - D48.5	Neoplasm of uncertain behavior of bone and articular cartilage - Neoplasm of uncertain behavior of skin
D48.7	Neoplasm of uncertain behavior of other specified sites
D49.6	Neoplasm of unspecified behavior of brain
D49.81	Neoplasm of unspecified behavior of retina and choroid
D49.89	Neoplasm of unspecified behavior of other specified sites
D50.9	Iron deficiency anemia, unspecified
D51.0 - D51.2	Vitamin B12 deficiency anemia due to intrinsic factor deficiency - Transcobalamin II deficiency

CODE	DESCRIPTION
D51.8	Other vitamin B12 deficiency anemias
D52.0	Dietary folate deficiency anemia
D52.1	Drug-induced folate deficiency anemia
D52.8	Other folate deficiency anemias
D53.0 - D53.2	Protein deficiency anemia - Scorbutic anemia
D53.9	Nutritional anemia, unspecified
D56.0 - D56.5	Alpha thalassemia - Hemoglobin E-beta thalassemia
D57.02	Hb-SS disease with splenic sequestration
D57.03	Hb-SS disease with cerebral vascular involvement
D57.09	Hb-SS disease with crisis with other specified complication
D57.1	Sickle-cell disease without crisis
D57.20	Sickle-cell/Hb-C disease without crisis
D57.212	Sickle-cell/Hb-C disease with splenic sequestration
D57.213	Sickle-cell/Hb-C disease with cerebral vascular involvement
D57.218	Sickle-cell/Hb-C disease with crisis with other specified complication
D57.3	Sickle-cell trait
D57.412	Sickle-cell thalassemia, unspecified, with splenic sequestration
D57.42	Sickle-cell thalassemia beta zero without crisis
D57.431 - D57.433	Sickle-cell thalassemia beta zero with acute chest syndrome - Sickle-cell thalassemia beta zero with cerebral vascular involvement
D57.438	Sickle-cell thalassemia beta zero with crisis with other specified complication
D57.439	Sickle-cell thalassemia beta zero with crisis, unspecified
D57.44	Sickle-cell thalassemia beta plus without crisis
D57.451 - D57.453	Sickle-cell thalassemia beta plus with acute chest syndrome - Sickle-cell thalassemia beta plus with cerebral vascular involvement
D57.458	Sickle-cell thalassemia beta plus with crisis with other specified complication
D57.459	Sickle-cell thalassemia beta plus with crisis, unspecified
D57.80	Other sickle-cell disorders without crisis
D57.813	Other sickle-cell disorders with cerebral vascular involvement
D57.818	Other sickle-cell disorders with crisis with other specified complication
D57.819	Other sickle-cell disorders with crisis, unspecified
D58.0 - D58.2	Hereditary spherocytosis - Other hemoglobinopathies

CODE	DESCRIPTION
D59.0	Drug-induced autoimmune hemolytic anemia
D59.11	Warm autoimmune hemolytic anemia
D59.12	Cold autoimmune hemolytic anemia
D59.13	Mixed type autoimmune hemolytic anemia
D59.19	Other autoimmune hemolytic anemia
D59.5	Paroxysmal nocturnal hemoglobinuria [Marchiafava-Micheli]
D59.6	Hemoglobinuria due to hemolysis from other external causes
D60.0	Chronic acquired pure red cell aplasia
D60.1	Transient acquired pure red cell aplasia
D60.8	Other acquired pure red cell aplasias
D61.01	Constitutional (pure) red blood cell aplasia
D61.09	Other constitutional aplastic anemia
D61.1	Drug-induced aplastic anemia
D61.2	Aplastic anemia due to other external agents
D61.3	Idiopathic aplastic anemia
D61.810	Antineoplastic chemotherapy induced pancytopenia
D61.811	Other drug-induced pancytopenia
D61.818	Other pancytopenia
D61.82	Myelophthisis
D61.89	Other specified aplastic anemias and other bone marrow failure syndromes
D61.9	Aplastic anemia, unspecified
D63.0	Anemia in neoplastic disease
D64.0	Hereditary sideroblastic anemia
D64.1	Secondary sideroblastic anemia due to disease
D64.2	Secondary sideroblastic anemia due to drugs and toxins
D64.3	Other sideroblastic anemias
D64.4	Congenital dyserythropoietic anemia
D64.81	Anemia due to antineoplastic chemotherapy
D64.89	Other specified anemias
D68.51	Activated protein C resistance
D68.52	Prothrombin gene mutation
D68.61	Antiphospholipid syndrome

CODE	DESCRIPTION
D68.62	Lupus anticoagulant syndrome
D68.69	Other thrombophilia
D69.1	Qualitative platelet defects
D69.3	Immune thrombocytopenic purpura
D69.41	Evans syndrome
CODE	DESCRIPTION
D69.42	Congenital and hereditary thrombocytopenia purpura
D69.49	Other primary thrombocytopenia
D69.51	Posttransfusion purpura
D69.59	Other secondary thrombocytopenia
D69.6	Thrombocytopenia, unspecified
D70.0	Congenital agranulocytosis
D70.1	Agranulocytosis secondary to cancer chemotherapy
D70.2	Other drug-induced agranulocytosis
D70.3	Neutropenia due to infection
D70.4	Cyclic neutropenia
D70.8	Other neutropenia
D70.9	Neutropenia, unspecified
D71	Functional disorders of polymorphonuclear neutrophils
D72.0	Genetic anomalies of leukocytes
D72.110	Idiopathic hypereosinophilic syndrome [IHES]
D72.111	Lymphocytic Variant Hypereosinophilic Syndrome [LHES]
D72.118	Other hypereosinophilic syndrome
D72.119	Hypereosinophilic syndrome [HES], unspecified
D72.12	Drug rash with eosinophilia and systemic symptoms syndrome
D72.810	Lymphocytopenia
D72.818	Other decreased white blood cell count
D72.819	Decreased white blood cell count, unspecified
D72.820	Lymphocytosis (symptomatic)
D72.821	Monocytosis (symptomatic)
D72.822	Plasmacytosis
D72.823	Leukemoid reaction

CODE	DESCRIPTION
D72.824	Basophilia
D72.828	Other elevated white blood cell count
D72.829	Elevated white blood cell count, unspecified
D72.89	Other specified disorders of white blood cells
D73.0	Hyposplenism
D73.1 - D73.5	Hypersplenism - Infarction of spleen
D73.81	Neutropenic splenomegaly
D73.89	Other diseases of spleen
D73.9	Disease of spleen, unspecified
D75.81	Myelofibrosis
D75.821	Non-immune heparin-induced thrombocytopenia
D75.822	Immune-mediated heparin-induced thrombocytopenia
D75.828	Other heparin-induced thrombocytopenia syndrome
D75.829	Heparin-induced thrombocytopenia, unspecified
D75.838	Other thrombocytosis
D75.84	Other platelet-activating anti-PF4 disorders
D75.89	Other specified diseases of blood and blood-forming organs
D75.9	Disease of blood and blood-forming organs, unspecified
D76.1	Hemophagocytic lymphohistiocytosis
D76.2	Hemophagocytic syndrome, infection-associated
D76.3	Other histiocytosis syndromes
D80.0 - D80.8	Hereditary hypogammaglobulinemia - Other immunodeficiencies with predominantly antibody defects
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.4	Nezelof's syndrome
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.82	Activated Phosphoinositide 3-kinase Delta Syndrome [APDS]
D81.89	Other combined immunodeficiencies
D82.0	Wiskott-Aldrich syndrome

CODE	DESCRIPTION
D82.1	Di George's syndrome
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D84.1	Defects in the complement system
D84.81	Immunodeficiency due to conditions classified elsewhere
D84.821	Immunodeficiency due to drugs
D84.822	Immunodeficiency due to external causes
D84.89	Other immunodeficiencies
D89.1 - D89.3	Cryoglobulinemia - Immune reconstitution syndrome
D89.810	Acute graft-versus-host disease
D89.811	Chronic graft-versus-host disease
D89.812	Acute on chronic graft-versus-host disease
D89.813	Graft-versus-host disease, unspecified
D89.82	Autoimmune lymphoproliferative syndrome [ALPS]
D89.831 - D89.835	Cytokine release syndrome, grade 1 - Cytokine release syndrome, grade 5
D89.839	Cytokine release syndrome, grade unspecified
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified
D89.9	Disorder involving the immune mechanism, unspecified
E34.0	Carcinoid syndrome
E85.0 - E85.4	Non-neuropathic heredofamilial amyloidosis - Organ-limited amyloidosis
E85.81	Light chain (AL) amyloidosis
E85.82	Wild-type transthyretin-related (ATTR) amyloidosis
E85.89	Other amyloidosis
E85.9	Amyloidosis, unspecified
E88.09	Other disorders of plasma-protein metabolism, not elsewhere classified
H20.9	Unspecified iridocyclitis
I31.8	Other specified diseases of pericardium
I81	Portal vein thrombosis

CODE	DESCRIPTION
I82.91	Chronic embolism and thrombosis of unspecified vein
I88.0	Nonspecific mesenteric lymphadenitis
I88.1	Chronic lymphadenitis, except mesenteric
I88.9	Nonspecific lymphadenitis, unspecified
J34.0	Abscess, furuncle and carbuncle of nose
J34.81	Nasal mucositis (ulcerative)
J34.89	Other specified disorders of nose and nasal sinuses
J35.8	Other chronic diseases of tonsils and adenoids
J90	Pleural effusion, not elsewhere classified
J91.0	Malignant pleural effusion
J91.8	Pleural effusion in other conditions classified elsewhere
J94.0	Chylous effusion
J94.2	Hemothorax
CODE	DESCRIPTION
K50.00	Crohn's disease of small intestine without complications
K50.10	Crohn's disease of large intestine without complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.90	Crohn's disease, unspecified, without complications
K51.00	Ulcerative (chronic) pancolitis without complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.40	Inflammatory polyps of colon without complications
K51.50	Left sided colitis without complications
K51.80	Other ulcerative colitis without complications
K51.90	Ulcerative colitis, unspecified, without complications
K63.5	Polyp of colon
L40.54	Psoriatic juvenile arthropathy
L40.59	Other psoriatic arthropathy
M32.0	Drug-induced systemic lupus erythematosus
M32.10 - M32.15	Systemic lupus erythematosus, organ or system involvement unspecified - Tubulo-interstitial nephropathy in systemic lupus erythematosus
M32.8	Other forms of systemic lupus erythematosus

CODE	DESCRIPTION
M32.9	Systemic lupus erythematosus, unspecified
M46.00	Spinal enthesopathy, site unspecified
M46.1	Sacroiliitis, not elsewhere classified
M46.80	Other specified inflammatory spondylopathies, site unspecified
M46.90	Unspecified inflammatory spondylopathy, site unspecified
M49.80	Spondylopathy in diseases classified elsewhere, site unspecified
O01.9	Hydatidiform mole, unspecified
Q85.01 - Q85.03	Neurofibromatosis, type 1 - Schwannomatosis
Q85.09	Other neurofibromatosis
R09.81	Nasal congestion
R16.1	Splenomegaly, not elsewhere classified
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified
R18.0	Malignant ascites
R18.8	Other ascites
R19.00 - R19.07	Intra-abdominal and pelvic swelling, mass and lump, unspecified site - Generalized intra-abdominal and pelvic swelling, mass and lump
R19.09	Other intra-abdominal and pelvic swelling, mass and lump
R22.0 - R22.2	Localized swelling, mass and lump, head - Localized swelling, mass and lump, trunk
R22.31 - R22.33	Localized swelling, mass and lump, right upper limb - Localized swelling, mass and lump, upper limb, bilateral
R22.41 - R22.43	Localized swelling, mass and lump, right lower limb - Localized swelling, mass and lump, lower limb, bilateral
R59.0	Localized enlarged lymph nodes
R59.1	Generalized enlarged lymph nodes
R59.9	Enlarged lymph nodes, unspecified
R80.0	Isolated proteinuria
R80.1	Persistent proteinuria, unspecified
R80.3	Bence Jones proteinuria
R80.8	Other proteinuria
R80.9	Proteinuria, unspecified
R89.7	Abnormal histological findings in specimens from other organs, systems and tissues
R90.0	Intracranial space-occupying lesion found on diagnostic imaging of central nervous system

CODE	DESCRIPTION
T86.01	Bone marrow transplant rejection
T86.02	Bone marrow transplant failure
T86.03	Bone marrow transplant infection
T86.09	Other complications of bone marrow transplant
T86.11	Kidney transplant rejection
T86.12	Kidney transplant failure
T86.13	Kidney transplant infection
T86.19	Other complication of kidney transplant
T86.21	Heart transplant rejection
T86.22	Heart transplant failure
T86.23	Heart transplant infection
T86.290	Cardiac allograft vasculopathy
T86.298	Other complications of heart transplant
T86.31	Heart-lung transplant rejection
T86.32	Heart-lung transplant failure
T86.33	Heart-lung transplant infection
T86.39	Other complications of heart-lung transplant
T86.41	Liver transplant rejection
T86.42	Liver transplant failure
T86.43	Liver transplant infection
T86.49	Other complications of liver transplant
T86.5	Complications of stem cell transplant
T86.810	Lung transplant rejection
T86.811	Lung transplant failure
T86.812	Lung transplant infection
T86.818	Other complications of lung transplant
T86.830 - T86.832	Bone graft rejection - Bone graft infection
T86.838	Other complications of bone graft
T86.8401 - T86.8403	Corneal transplant rejection, right eye - Corneal transplant rejection, bilateral
T86.8411 - T86.8413	Corneal transplant failure, right eye - Corneal transplant failure, bilateral
T86.8421 - T86.8423	Corneal transplant infection, right eye - Corneal transplant infection, bilateral
T86.8481 - T86.8483	Other complications of corneal transplant, right eye - Other complications of corneal

CODE	DESCRIPTION
	transplant, bilateral
T86.8491 - T86.8493	Unspecified complication of corneal transplant, right eye - Unspecified complication of corneal transplant, bilateral
T86.850	Intestine transplant rejection
T86.851	Intestine transplant failure
T86.852	Intestine transplant infection
T86.858	Other complications of intestine transplant
T86.890	Other transplanted tissue rejection
T86.891	Other transplanted tissue failure
T86.892	Other transplanted tissue infection
T86.898	Other complications of other transplanted tissue
T86.90	Unspecified complication of unspecified transplanted organ and tissue
T86.91	Unspecified transplanted organ and tissue rejection
T86.92	Unspecified transplanted organ and tissue failure
T86.93	Unspecified transplanted organ and tissue infection
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status
Z48.21	Encounter for aftercare following heart transplant
Z48.22	Encounter for aftercare following kidney transplant
Z48.23	Encounter for aftercare following liver transplant
Z48.24	Encounter for aftercare following lung transplant
Z48.280	Encounter for aftercare following heart-lung transplant
Z48.288	Encounter for aftercare following multiple organ transplant
Z48.290	Encounter for aftercare following bone marrow transplant
CODE	DESCRIPTION
Z48.298	Encounter for aftercare following other organ transplant
Z52.001	Unspecified donor, stem cells
Z52.011	Autologous donor, stem cells
Z52.091	Other blood donor, stem cells
Z52.3	Bone marrow donor
Z76.82	Awaiting organ transplant status
Z85.6	Personal history of leukemia

CODE	DESCRIPTION
Z85.72	Personal history of non-Hodgkin lymphomas
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues
Z94.0	Kidney transplant status
Z94.1	Heart transplant status
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status
Z94.4	Liver transplant status
Z94.5	Skin transplant status
Z94.6	Bone transplant status
Z94.7	Corneal transplant status
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status
Z94.83	Pancreas transplant status
Z94.84	Stem cells transplant status
Z95.3	Presence of xenogenic heart valve
Z95.4	Presence of other heart-valve replacement

ICD-10-CM Codes that DO NOT Support Medical Necessity

N/A

ICD-10-PCS Codes

N/A

Additional ICD-10 Information

N/A

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

CODE	DESCRIPTION
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
014x	Hospital - Laboratory Services Provided to Non-patients
018x	Hospital - Swing Beds
021x	Skilled Nursing - Inpatient (Including Medicare Part A)
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient
071x	Clinic - Rural Health
073x	Clinic - Freestanding
077x	Clinic - Federally Qualified Health Center (FQHC)
085x	Critical Access Hospital

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

CODE	DESCRIPTION
0300	Laboratory - General Classification
0302	Laboratory - Immunology
0309	Laboratory - Other Laboratory

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
03/09/2023	R11	Revision Effective: 03/09/2023 Revision Explanation: Annual review, no changes
10/01/2022	R10	Revision Effective: 10/01/2022 Revision Explanation: Annual ICD-10 Update, added the following codes: D75.829
10/01/2022	R9	Revision Effective: 10/01/2022 Revision Explanation: Annual ICD-10 Update, added the following codes: D75.821, D75.822, D75.828, D75.84, and D81.82.
02/10/2022	R8	Revision Effective: 02/10/2022 Revision Explanation: Annual review, no changes were made.
10/01/2021	R7	Revision Effective: 10/01/2021 Revision Explanation: Annual ICD-10 update. Under ICD-10-CM Codes that Support Medical Necessity Group 1: C79.63, C84.74, and D75.838.
03/04/2021	R6	Revision Effective: 03/04/2021 Revision Explanation: Annual review, no changes were made.
10/01/2020	R5	Revision Effective: 10/01/2020 Revision Explanation: During revision 3 there were codes added and deleted in error. This revision is to make corrections to add back the deleted codes and remove codes that were added in error. The following codes were deleted in error and added back: C07, C08.0, C11.0-c11.3, C11.8, C11.9, C21.2, C34.01, C34.02, C34.91, C34.92, C40.81, C40.82, C40.91, C40.92, C41.1, C43.0, C43.111, C43.112, C43.121, C43.122, C43.21, C43.22, C43.31, C43.39, C43.4, C44.702, C44.709, C44.712, C44.719, C44.722, c44.729, C44.792, C44.799, C45.0, C45.1, C45.9, C47.0, C47.21, C47.22, C47.3, C49.21, C49.22, C50.011, C50.012, C50.021, C50.022, C50.111, C50.112, C50.121, C50.122, C50.211, C50.212, c50.221, c50.222, C50.311, C50.312, C50.321, C50.322, C50.411, C50.412, C50.421, C50.422, c50.511, C50.512, C50.521, C50.522, C0.611, C50.612, C50.621, C50.622, C50.811, C50.812, c50.821, C50.822, C50.911, C50.912, C50.921, C50.922, C56.1, C56.2, C57.01, C57.02, C57.11, C57.12, C57.21, C57.22, C57.3, C64.1, C64.2, C65.1, C65.2, C66.1, C66.2, C69.01, C69.02, C69.11, C69.12, C69.21, C69.22, C69.31, C69.32, C69.41, C69.42, C69.51, C69.52, C69.61, C69.62, C69.81, C69.82, C72.21, C72.22, C72.31, C72.32, C72.41, C72.42, C74.01, C74.02, C74.11, C74.12, C78.7, C78.89, C80.2, D02.0, D02.1, D03.0, D03.111, D03.112, D03.121, D03.122, D03.21, D03.22,

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		D03.30, D03.39, D03.4, D04.0, D04.111, D04.112, D04.121, D04.122, D04.21, D04.22, D04.39, D07.0., D10.0-d10.2, D10.39, D10.4-D10.7, D11.0, D11.7, D12.0-d12.5, D14.0-d14.2, D14.31, D14.32, D16.4, d16.5, D21.0, D22.0, D22.111, D22.112, D22.121, D22.122, d22.21, d22.22, D22.30, D22.39, D22.4, D23.0, D53.111, d23.112, D23.121, D23.122, D23.21, d23.22, D23.4, D31.01, D31.02, D31.11, d31.12, D31.21, D31.22, D31.31, d31.32, D31.41, D31.42, D31.51, D31.52, D31.61, D31.62, D31.91, D31.92, D32.0, d33.0, D33.1, d33.3, D34, D35.01, D35.02, D35.1-d35.5, D36.0, D39.11, D39.12, d39.2, D44.3-d44.5, D47.09, D47.4, D48.0, D48.2, D49.6, D49.81, D49.89, d50.9, D51.0-d51.2, D51.8, D52.0, D52.1, D52.8, D53.0-d53.2, D53.9, D59.0, D59.1,D64.81, D68.51-D68.52, D68.61-d68.62, D68.69, D69.51, D69..59, D72.1, D73.0, D75.82, D75.89, D84.8, D89.2, Codes D59.1, D72.1, and D84.8 were deleted during the ICd-10 annual review and replaced with the following codes D59.11-D59.13, D59.19, D721.110, D72.111, D72.119, D72.119. D7212, D84.81, D84.821, D84.822, and D84.89. Codes D59.10 and D84.9 were added in error as there are more specific codes in these series that are more appropriate and have been removed. The following unspecified codes were added in error and removed as there are codes from the related series that have a higher specificity: C34.00, C34.90, C44.701, C44.711, C44.721, C44.791, C49.20, C50.019, C50.029, C50.119, C50.219, C50.319, C50.419, C50.519, C50.619, C50.819, C50.919, C50.929, C54.9, C56.9, C64.9, C65.9, C66.9, C68.9, C69.00, C69.10, C69.20, C69.30, C69.40, C69.50, C69.60, C69.80, C69.90, C71.9, C8.0, C81.00, C81.10, C81.20, C81.30, C81.40, C81.70, C81.90, C82.00, C82.10, C82.20, C82.30, C82.40, C82.50, C82.60, C82.80, c82.90, C83.00, C83.10, C83.30, C83.50, C83.70, C83.80, C83.90, C84.00, C84.10, C84.40, C84.60, C84.70. C84.A0, C84.Z0, C84.90, C85.10, C85.20, C85.80, C85.90, C88.9, D35.00, D37.039, D37.8, D37.9, D38.6, D39.10, D39.8, D39.9, D46.4, D46.Z, D47.Z9, D47.9, D59.10, D59.8, D60.9, D64.9, D72.9, D81.9, D83.9, D84.9, T86.00, T86.10, T86.20, T86.30, T86.40, T86.819, T86.859, T86.899, T86.99, Z94.89, and Z94.9 The following unspecified code were added in error and have been removed: C15.9, C34.10, C34.30, C39.0, C39.9, C40.00, C40.10, C40.20, C40.30, C44.101, C44.1021-c44.1022, C44.1091-C44.1092, C44.111, C44.121, C44.191, C44.201, C44.211, C44.221, C44.291, C44.300-C44.301, C44.309, C44.310, C44.320, C44.329, C44.390, C44.601, C44.611, C44.621, C44.691, C44.90-C44.92, C44.99, C46.50, C46.9, C49.10, C57.9, C62.00, C62.10, C62.90, C74.90, C76.40, C76.50, C78.00, C79.00, C79.60, C79.70, D05.90, D40.10, D40.9, D48.60, D56.9, D57.00, D57.219, D57.4113, D57.418, M02.30, M08.00, M35.9, M45.9, T86.8409, T86.8419, T86.8429, T86.8489 and T86.8499. The following codes were added effective 10/01/2020: C15.4, C15.5, C15.8, C16.0-C16.8, C17.0-C17.2, C17.8, C22.0, C22.2, C22.7-C22.8, C23, C24.0-c24.1, C34.2, C34.80, C37, C25.0-C25.2, C25.7, C25.8. C26.0, C26.9, C41.2-C41.4, C41.9, C44.1121-c44.1122, c44.1191-C44.1192. C44.1221-C44.1222, C44.1291-C44.1292, C44.311, C44.319, C44.321, C44.391, C44.399, C46.0-C46.4, C46.51-c46.52, C46.7, C47.8,

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		C48.0, C48.2, C49.4-C496, C49.8, C49.9, C51.0-C51.2, C51.9, C52, C53.0, C53.1, C53.8, C53.9, C57.7-C57.9, C58, C60.0-C60.2, C60.8, C60.9, C63.00, C63.10, C63.2, C63.7-C63.9, C70.1, C70.9, C72.0-C72.1, C72.50, C72.9, C75.5, C75.8, C75.9, C76.1-C76.3, C76.41-c76.42, C76.8, C77.1-C77.5, C77.8, c77.9, C78.01-C78.02, C78.39, C78.4, C78.5, C79.01-C79.02, C79.11, C79.19, C79.2, C79.32, C79.49, C79.51-C79.52, C79.61-C79.62, C79.71-c79.72, D40.0, D40.8, D48.3-D48.5, D48.7, D56.0- D56.5, D57.03, D57.09, D57.1, D57.20, D57.213, D57.218, D57.3, D57.42, D57.431-D57.433, D57.438, D57.439, D57.44, D57.451-D57.453, D57.458-D57.459, D57.80, D57.813, D57.818-D57.819, D58.0-D58.2, D61.89, D63.0, D73.89, D75.9, D80.6, D80.8, D81.4, D82.0-D82.1, D84.1, D89.3, D89.831-D89.835, D89.839, D89.9, E34.0, E88.09, H20.9, I81, I82.91, K50.00, K50.10, K50.80, K50.90, K51.00, K51.20, K51.30, K51.40, K51.50, K51.80, K51.90, L40.54, L40.59, M46.00, M46.1, M46.80, M46.90, M49.80, O01.9, R19.01-R19.07, R19.09, R80.0, R80.1, R80.3, R80.8, R80.9, R89.7, T86.8401-T86.8403, T86.8411-T86.8413, T86.8421-T86.8423, T86.8481-T86.8483, T86.8491-T86.8493, Z48.288, Z48.298, and Z76.82
10/01/2020	R4	Revision Effective: 10/01/2020 Revision Explanation: Added D59.12 as this was left off in error from previous review. Codes D72.1, D84.8 were deleted during annual ICD-10 review and replaced with the following code: D72.110, D72.111, D72.118, D72.119, D72.12, D84.81 D84.821, D84.822, and D84.89.
10/01/2020	R3	Revision Effective: 10/01/2020 Revision Explanation: Under ICD-10 Codes that Support Medical Necessity – Group 1: Codes added codes D57.03, D57.09, D57.213, D57.218, D57.413, D57.418, D57.42, D57.431, D57.432, D57.433, D57.438, D57.439, D57.44, D57.451, D57.452, D57.453, D57.458, D57.459, D57.813, D57.818, D59.10, D59.11, D59.13, D59.19, D89.831, D89.832, D89.833, D89.834, D89.835, D89.839, T86.8401, T86.8402, T86.8403, T86.8409, T86.8411, T86.8412, T86.8413, T86.8419, T86.8421, T86.8422, T86.8423, T86.8429, T86.8481, T86.8482, T86.8483, T86.8489, T86.8491, T86.8492, T86.8493, and T86.8499. The description was revised for code D57.412 and code D72.1 was deleted. This revision is due to the Annual ICD-10 Code Update and is effective on 10/1/2020.
10/31/2019	R2	Revision Effective: N/A Revision Explanation: Annual Review, no changes made.
10/31/2019	R1	R1

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		Revision Effective: 10/31/2019 Revision Explanation: Created group 2 CPT codes in CPT/HCPCS section as these codes are for quantitative codes in immunology. Regulations regarding billing and coding were removed from the **CMS National Coverage Policy** section of the related Lab: Flow Cytometry LCD and placed in this article.

Associated Documents

Related Local Coverage Documents

LCDs

L34037 - Flow Cytometry

Related National Coverage Documents

N/A

Statutory Requirements URLs

N/A

Rules and Regulations URLs

N/A

CMS Manual Explanations URLs

N/A

Other URLs

N/A

Public Versions

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Keywords

N/A

Article - Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT) (A57772)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05101 - MAC A	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05102 - MAC B	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05201 - MAC A	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05202 - MAC B	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05301 - MAC A	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05302 - MAC B	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05401 - MAC A	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05402 - MAC B	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05901 - MAC A	J - 05	Alabama Alaska Arizona Arkansas California - Entire State Colorado Connecticut Delaware Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
				Louisiana Maine Maryland Massachusetts Michigan Mississippi Missouri - Entire State Montana Nebraska Nevada New Hampshire New Jersey New Mexico North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08101 - MAC A	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08102 - MAC B	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08201 - MAC A	J - 08	Michigan
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08202 - MAC B	J - 08	Michigan

Article Information

General Information

Article ID
A57772

Article Title
Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT)

Article Type
Billing and Coding

Original Effective Date
11/01/2019

Revision Effective Date
04/01/2023

Revision Ending Date
N/A

Retirement Date
N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA) §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

CMS Manual System, Pub 100-02, Medicare Benefit Policy Manual, Chapter 15, §80.1 Clinical Laboratory Services.

CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, §60.1.2 Independent Laboratory Specimen Drawing, §60.2. Travel Allowance.

CMS Internet-Only Manual Pub 100-04, Medicare Claims Processing Manual, Chapter 23, §10 Reporting ICD Diagnosis and Procedure Codes.

Article Guidance

Article Text

The information in this article contains billing, coding, or other guidelines that complement the Local Coverage Determination (LCD) for MolDX: Molecular Diagnostic Tests (MDT) L36807.

To report a Molecular Diagnostic Test service, please submit the following claim information:

- Select appropriate CPT code
- Enter 1 unit of service (UOS)
- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part B claim field/types:
  - Loop 2400 or SV101-7 for the 5010A1 837P
  - Box 19 for paper claim
- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part A claim field/types:
  - Line SV202-7 for 837I electronic claim
  - Block 80 for the UB04 claim form

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

The codes listed below fall within scope of the associated policy but do not automatically imply coverage.

Group 1 Codes: (490 Codes)

CODE	DESCRIPTION
81105 - 81112	Hpa-1 genotyping - Hpa-15 genotyping
81120	Idh1 common variants
81121	Idh2 common variants
81161 - 81168	Dmd dup/delet analysis - Ccnd1/igh translocation alys
81170 - 81179	Abl1 gene - Atxn2 gene detc abnor allele
81180 - 81189	Atxn3 gene detc abnor allele - Cstb gene full gene sequence
81190 - 81194	Cstb gene known famil vrnt - Ntrk translocation analysis
81200 - 81210	Aspa gene - Braf gene
81212	Brca1&2 185&5385&6174 vrnt
81215 - 81219	Brca1 gene known famil vrnt - Calr gene com variants
81220 - 81229	Cftr gene com variants - Cytog alys chrml abnr snpcgh

CODE	DESCRIPTION
81230 - 81239	Cyp3a4 gene common variants - Dmpk gene charac alleles
81240 - 81249	F2 gene - G6pd full gene sequence
81250 - 81259	G6pc gene - Hba1/hba2 full gene sequence
81260 - 81269	Ikbkap gene - Hba1/hba2 gene dup/del vrnts
81270 - 81279	Jak2 gene - Jak2 gene trgt sequence alys
81283 - 81289	Ifnl3 gene - Fxn gene known famil variant
81290 - 81299	Mcoln1 gene - Msh6 gene known variants
81300 - 81309	Msh6 gene dup/delete variant - Pik3ca gene trgt seq alys
81310 - 81319	Npm1 gene - Pms2 gene dup/delet variants
81320 - 81329	Plcg2 gene common variants - Smn1 gene dos/deletion alys
81330 - 81339	Smpd1 gene common variants - Mpl gene seq alys exon 10
81340 - 81349	Trb@ gene rearrange amplify - Cytog alys chrml abnr lw-ps
81350 - 81353	Ugt1a1 gene common variants - Tp53 gene known famil vrnt
81355	Vkorc1 gene
81357	U2af1 gene common variants
81360 - 81364	Zrsr2 gene common variants - Hbb full gene sequence
81374	Hla i typing 1 antigen lr
81377	Hla ii type 1 ag equiv lr
81381	Hla i typing 1 allele hr
81383	Hla ii typing 1 allele hr
81400	Mopath procedure level 1
81401	Mopath procedure level 2
81402	Mopath procedure level 3
81403	Mopath procedure level 4
81404	Mopath procedure level 5
81405	Mopath procedure level 6
81406	Mopath procedure level 7
81407	Mopath procedure level 8
81408	Mopath procedure level 9
81410 - 81417	Aortic dysfunction/dilation - Exome re-evaluation
81418	Rx metab gen seq alys pnl 6
81419	Epilepsy gen seq alys panel

CODE	DESCRIPTION
81420	Fetal chrmoml aneuploidy
81422	Fetal chrmoml microdeltj
81425 - 81427	Genome sequence analysis - Genome re-evaluation
81430 - 81439	Hearing loss sequence analys - Hrdtry cardmypy gene panel
81440	Mitochondrial gene
81441	Ibmfs seq alys pnl 30 genes
81442	Noonan spectrum disorders
81443	Genetic tstg severe inh cond
81445	Tgsap so neo 5-50dna/dna&rna
81448	Hrdtry perph neurphy panel
81449	Tgsap so neo 5-50 rna alys
81450	Tgsap hl neo 5-50dna/dna&rna
81451	Tgsap hl neo 5-50 rna alys
81455	Tgsap so/hl 51/> dna/dna&rna
81456	Tgsap so/hl 51/> rna alys
81460	Whole mitochondrial genome
81465	Whole mitochondrial genome
81470	X-linked intellectual dblt
81471	X-linked intellectual dblt
81479	Unlisted molecular pathology
81493	Cor artery disease mrna
81504	Oncology tissue of origin
81507	Fetal aneuploidy trisom risk
81518	Onc brst mrna 11 genes
81519	Oncology breast mrna
81520 - 81523	Onc breast mrna 58 genes - Onc brst mrna 70 cnt 31 gene
81525	Oncology colon mrna
81528	Oncology colorectal scr
81529	Onc cutan mlnma mrna 31 gene
81540	Oncology tum unknown origin
81541	Onc prostate mrna 46 genes
81542	Onc prostate mrna 22 cnt gen

CODE	DESCRIPTION
81546	Onc thyr mrna 10,196 gen alg
81551	Onc prostate 3 genes
81552	Onc uveal mlnma mrna 15 gene
81554	Pulm ds ipf mrna 190 gen alg
81595	Cardiology hrt trnspl mrna
0004M	Scoliosis dna alys
0006M	Onc hep gene risk classifier
0007M	Onc gastro 51 gene nomogram
0011M	Onc prst8 ca mrna 12 gen alg
0012M	Onc mrna 5 gen rsk urthl ca
0013M	Onc mrna 5 gen recr urthl ca
0016M	Onc bladder mrna 219 gen alg
0017M	Onc dlbcl mrna 20 genes alg
0001U	Rbc dna hea 35 ag 11 bld grp
0005U	Onco prst8 3 gene ur alg
0016U - 0019U	Onc hmtlmf neo rna bcr/abl1 - Onc rna tiss predict alg
0022U	Tgsap nsm lung neo dna&rna23
0023U	Onc aml dna detcj/nondetcj
0026U	Onc thyr dna&mrna 112 genes
0027U	Jak2 gene trgt seq alys
0029U	Rx metab advrs trgt seq alys
0030U - 0034U	Rx metab warf trgt seq alys - Tpmt nudt15 genes
0036U	Xome tum & nml spec seq alys
0037U	Trgt gen seq dna 324 genes
0040U	Bcr/abl1 gene major bp quan
0045U - 0050U	Onc brst dux carc is 12 gene - Trgt gen seq dna 194 genes
CODE	DESCRIPTION
0055U	Card hrt trnspl 96 dna seq
0060U	Twn zyg gen seq alys chrms2
0069U	Onc clrct microrna mir-31-3p
0070U - 0076U	Cyp2d6 gen com&slct rar vrnt - Cyp2d6 3' gene dup/mlt
0078U	Pain mgt opi use gnotyp pnl

CODE	DESCRIPTION
0079U	Cmprtv dna alys mlt snps
0084U	Rbc dna gnotyp 10 bld groups
0087U	Crd hrt trnspl mrna 1283 gen
0088U	Trnsplj kdn algrft rej 1494
0089U	Onc mlnma prame & linc00518
0090U	Onc cutan mlnma mrna 23 gene
0091U	Onc clrct scr whl bld alg
0094U	Genome rapid sequence alys
0101U - 0103U	Hered colon ca do 15 genes - Hered ova ca pnl 24 genes
0111U	Onc colon ca kras&nras alys
0113U	Onc prst8 pca3&tmprss2-erg
0114U	Gi barretts esoph vim&ccna1
0118U	Trnsplj don-drv cll-fr dna
0120U	Onc b cll lymphm mrna 58 gen
0129U	Hered brst ca rltd do panel
0130U - 0138U	Hered colon ca do mrna pnl - Brca1 brca2 mrna seq alys
0153U - 0159U	Onc breast mrna 101 genes - Msh2 mrna seq alys
0160U - 0162U	Msh6 mrna seq alys - Hered colon ca trgt mrna pnl
0169U	Nudt15&tpmt gene com vrnt
0170U - 0173U	Neuro asd rna next gen seq - Psyc gen alys panel 14 genes
0175U	Psyc gen alys panel 15 genes
0177U	Onc brst ca dna pik3ca 11
0179U	Onc nonsm cll lng ca alys 23
0180U - 0189U	Abo gnotyp abo 7 exons - Gypa gnotyp ntrns 1 5 exon 2
0190U - 0199U	Gypb gnotyp ntrns 1 5 seux 3 - Sc gnotyp ermap exons 4 12
0200U	Xk gnotyp xk exons 1-3
0201U	Yt gnotyp ache exon 2
0203U	Ai ibd mrna xprsn prfl 17
0204U	Onc thyr mrna xprsn alys 593
0205U	Oph amd alys 3 gene variants
0209U	Cytog const alys interrog
0211U - 0218U	Onc pan-tum dna&rna gnrj seq - Neuro musc dys dmd seq alys

CODE	DESCRIPTION
0221U	Abo gnotyp next gnrj seq abo
0222U	Rhd&rhce gntyp next gnrj seq
0228U	Onc prst8 ma molec prfl alg
0229U	Bcat1&ikzf1 prmtr mthyln aly
0230U - 0239U	Ar full sequence analysis - Trgt gen seq alys pnl 311+
0242U	Trgt gen seq alys pnl 55-74
0244U	Onc solid orgn dna 257 genes
0245U	Onc thyr mut alys 10 gen&37
0246U	Rbc dna gnotyp 16 bld groups
0250U	Onc sld org neo dna 505 gene
0258U	Ai psor mrna 50-100 gen alg
0260U	Rare ds id opt genome mapg
0262U	Onc sld tum rt-pcr 7 gen
0264U	Rare ds id opt genome mapg
0265U	Rar do whl gn&mtcdrl dna als
0266U	Unxpl cnst hrtbl do gn xprsn
0267U	Rare do id opt gen mapg&seq
0268U	Hem ahus gen seq alys 15 gen
0269U	Hem aut dm cgen trmbctpna 14
0270U	Hem cgen coagj do 20 genes
0271U	Hem cgen neutropenia 23 gen
0272U	Hem genetic bld do 51 genes
0273U	Hem gen hyprfibrnlysis 8 gen
0274U	Hem gen pltlt do 43 genes
0276U	Hem inh thrombocytopenia 42
0277U	Hem gen pltlt funcj do 31
0278U	Hem gen thrombosis 12 genes
0282U	Rbc dna gntyp 12 bld grp gen
0285U	Onc rsps radj cll fr dna tox
0286U	Cep72 nudt15&tpmt gene alys
0287U	Onc thyr dna&mrna 112 genes
0288U	Onc lung mrna quan pcr 11&3

CODE	DESCRIPTION
0289U	Neuro alzheimer mrna 24 gen
0290U	Pain mgmt mrna gen xprsn 36
0291U	Psyc mood do mrna 144 genes
0292U	Psyc strs do mrna 72 genes
0293U	Psyc suicidal idea mrna 54
0294U	Lngvty&mrtlty rsk mrna 18gen
0296U	Onc orl&/orop ca 20 mlc feat
0297U	Onc pan tum whl gen seq dna
0298U	Onc pan tum whl trns seq rna
0299U	Onc pan tum whl gen opt mapg
0300U	Onc pan tum whl gen seq&opt
0306U	Onc mrd nxt-gnrj alys 1st
0307U	Onc mrd nxt-gnrj alys sbsq
0313U	Onc pncrs dna&mrna seq 74
0314U	Onc cutan mlnma mrna 35 gene
0315U	Onc cutan sq cll ca mrna 40
0318U	Ped whl gen mthyltn alys 50+
0319U	Neph rna pretrnspl perph bld
0320U	Neph rna psttrnspl perph bld
0323U	Iadna cns pthgn next gen seq
0326U	Trgt gen seq alys pnl 83+
0327U	Ftl aneuploidy trsmy dna seq
0329U	Onc neo xome&trns seq alys
0330U	Iadna vag pthgn panel 27 org
0331U	Onc hl neo opt gen mapping
0332U	Onc pan tum gen prflg 8 dna
0333U	Onc lvr surveilanc hcc cfdna
0334U	Onc sld orgn tgsa dna 84/+
0335U	Rare ds whl gen seq feta
0336U	Rare ds whl gen seq bld/slv
0339U	Onc prst8 mrna hoxc6 & dlx1

CODE	DESCRIPTION
0340U	Onc pan ca alys mrd plasma
0341U	Ftl aneup dna seq cmpr alys
0343U	Onc prst8 xom aly 442 sncrna
0345U	Psyc genom alys pnl 15 gen
0347U	Rx metab/pcx dna 16 gen alys
0348U	Rx metab/pcx dna 25 gen alys
0349U	Rx metab/pcx dna 27gen rx ia
0350U	Rx metab/pcx dna 27 gen alys
0355U	Apol1 risk variants
0356U	Onc orop 17 dna ddpcr alg
0362U	Onc pap thyr ca rna 82&10
0363U	Onc urthl mrna 5 gen alg
0364U	Onc hl neo gen seq alys alg
0368U	Onc clrct ca mut&mthyltn mrk
0369U	Iadna gi pthgn 31 org&21 arg
0370U	Iadna surg wnd pthgn 34&21
0371U	Iadna gu pthgn semiq dna16&1
0372U	Nfct ds gu pthgn arg detcj
0373U	Iadna rsp tr nfct 17 8 13&16
0374U	Iadna gu pthgn 21 org&21arg
0378U	Rfc1 repeat xpnsj vrnt alys
0379U	Tgsap sl or neo dna523&rna55
0380U	Rx metb advrs trgt sq aly 20
0386U	Gi barrett esoph mthyltn aly

Group 2 Paragraph:

Codes 81599 and 87999 require a Z-Code for DNA/RNA based testing. The remaining molecular microbiology tests, a Z-Code is only required for non-FDA approved/cleared services/tests.

Group 2 Codes: (24 Codes)

CODE	DESCRIPTION
81513	Nfct ds bv rna vag flu alg
81514	Nfct ds bv&vaginitis dna alg

CODE	DESCRIPTION
81599	Unlisted maaa
87154	Cul typ id bld pthgn 6+ trgt
87483	Cns dna amp probe type 12-25
87505	Nfct agent detection gi
87506	Iadna-dna/rna probe tq 6-11
87507	Iadna-dna/rna probe tq 12-25
87631	Resp virus 3-5 targets
87632	Resp virus 6-11 targets
87633	Resp virus 12-25 targets
87636	Sarscov2 & inf a&b amp prb
87637	Sarscov2&inf a&b&rsv amp prb
87800	Detect agnt mult dna direc
87801	Detect agnt mult dna ampli
87999	Unlisted microbiology px
0115U	Respir iadna 18 viral&2 bact
0202U	Nfct ds 22 trgt sars-cov-2
0223U	Nfct ds 22 trgt sars-cov-2
0225U	Nfct ds dna&rna 21 sarscov2
0240U	Nfct ds vir resp rna 3 trgt
0241U	Nfct ds vir resp rna 4 trgt
0352U	Nfct ds bv&vaginitis amp prb
0353U	Iadna chlmyd&gonorr amp prb

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes: (1 Code)

CODE	DESCRIPTION
XX000	Not Applicable

ICD-10-CM Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10-PCS Codes

N/A

Additional ICD-10 Information

N/A

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
04/01/2023	R15	Posted 04/27/2023: Under **CPT/HCPCS Codes Group 1: Codes** added 0364U, 0368U, 0369U, 0370U, 0371U, 0372U, 0373U, 0374U, 0378U, 0379U, 0380U, and 0386U. The description was revised for 0022U. This revision is due to the 2023 Q2 CPT/HCPCS Code Update and is effective on April 1, 2023.
01/01/2023	R14	Posted 01/26/2023: Under **CPT/HCPCS Codes Group 1: Codes**, added 81418, 81441, 81449, 81451, 81456, 0355U, 0356U, 0362U, and 0363U. The description was revised for 81330, 81445, 81450, 81455, 0017M, and 0069U. Under **CPT/HCPCS Codes Group 2: Codes**, the description was revised for 87999. This revision is due to the 2023 Annual/Q1 CPT/HCPCS Code Update and is effective on January 1, 2023.
10/01/2022	R13	Posted 10/27/2022: Under **CPT/HCPCS Codes Group 1: Codes** added 0318U. This revision is due to the Q2 CPT/HCPCS Code Update and is retroactive effective for dates of service on or after 04/01/2022. Under **CPT/HCPCS Codes Group 1: Codes** added 0327U. This revision is due to the Q3 2022 CPT/HCPCS Code Update and is retroactive effective for dates of service on or after 07/01/2022. Under **CPT/HCPCS Codes Group 1: Codes** added 0332U, 0333U, 0334U, 0335U, 0336U, 0339U, 0340U, 0341U, 0343U, 0345U, 0347U, 0348U, 0349U, 0350U, deleted 0012U, 0013U, 0014U, 0056U, and the description was revised for 0229U, 0262U, 0276U, 0296U, 0319U. Under **CPT/HCPCS Codes Group 2: Codes** added 0352U, 0353U. This revision is due to the Q4 2022 CPT/HCPCS Code Update and is effective for dates of service on or after 10/01/2022. Under **CPT/HCPCS Codes Group 2: Paragraph** revised the first and second sentence. Under **CPT/HCPCS Codes Group 2: Codes** added 81513, 81514, 87154, 87483, 87505, 87506, 87507, 87631, 87632, 87633, 87636, 87637, 0115U, 0202U, 0223U, 0225U, 0240U, 0241U. This revision is retroactive effective for dates of service on or after 04/17/2022.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
07/01/2022	R12	Posted 09/01/2022 Under **CPT/HCPCS Codes Group 1: Code**s the description was revised for 0016M, 0229U, and 0306U. The following codes were added 0323U, 0326U, 0329U, 0330U, and 0331U. This revision is due to the Q3 2022 CPT/HCPCS Code Update and is effective on 07/01/2022. Review completed 07/25/2022.
05/17/2022	R11	Posted 05/26/2022-Under **CPT/HCPCS Codes Group1: Codes** added 0306U, 0307U, 0313U, 0314U, 0315U, 0319U, 0320U and revised the description for 0022U. This revision is due to the Q2 CPT/HCPCS Code Update and is effective for dates of service on or after 04/01/2022. Under **CPT/HCPCS Codes Group 2: Paragraph** added the verbiage, "However, for molecular microbiology tests using codes 87800 and 87801, a Z-code is only required for **non**-FDA-approved/cleared services/tests." Under **CPT/HCPCS Codes Group2:** added codes 87800 and 87801. This revision is effective on 05/17/2022. Review completed 05/05/2022.
04/17/2022	R10	Posted 04/28/2022-Moved CPT 81599 from CPT/HCPCS Codes Group 1 to CPT/HCPCS Codes Group 2. Added CPT 87999 to Group 2 codes and added "The following CPT codes require a Z-code if the testing is molecular (DNA/RNA) based" to Group 2 Paragraph.
01/01/2022	R9	01/27/2022-Under CPT/HCPCS Codes Group 1: Paragraph added the verbiage "The codes listed below fall within scope of the associated policy but do not automatically imply coverage. Under CPT/HCPCS Codes Group 1: Codes added 0285U, 0286U, 0287U, 0288U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0296U, 0297U, 0298U, 0299U, 0300U, 81349, and 81523. Deleted 0208U. This revision is effective 01/01/2022.
01/01/2022	R8	12/30/2021-CPT/HCPCs code update: desc change for 0016M, 0017M, 0090U, 0154U, 0155U, 0177U, 0180U, 0193U, 0200U, 0205U, 0216U, 0221U, 0244U, 0258U, 0262U, 0265U, 0266U, 0276U, 81194, 81228, 81229.
10/01/2021	R7	11/25/2021- Under **CPT/HCPCS Codes Group 1: Codes** added 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0282U and deleted 0168U. This revision is due to the Q4 2021 CPT®/HCPCS Code Update and is effective for dates of service on or after 10/1/2021.Review completed 10/20/2021.
07/01/2021	R6	08/26/2021-Under **CPT/HCPCS Group 1: Codes** added 0016M. This revision is due to coding that is applicable to the MolDX program and is retroactive effective for dates of service on or after 01/01/2021.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		Under **CPT/HCPCS Codes Group 1: Codes** added 0250U. This revision is due to the Q3 2021 CPT/HCPCS Code Update and is retroactive effective for dates of service on or after 07/01/2021.
04/01/2021	R5	05/27/2021- Under **CPT/HCPCS Group 1: Codes** added 0017M and deleted 0105U. This revision is due to coding that is applicable to the MolDX program and is retroactive effective for dates of service on or after 1/1/2021. Under **CPT/HCPCS Group 1: Codes** added 0242U, 0244U, 0245U, and 0246U. This revision is due to the Q2 2021 CPT/HCPCS Code Update and is effective for dates of service on or after 4/1/2021.
01/01/2021	R4	02/25/2021-Under **CPT/HCPCS Codes Group 1: Codes** added 81374, 81377, 81381, 81383, 0069U, 0133U, 0168U, 0169U, 0170U, 0171U, 0172U, 0173U, 0175U, 0177U, 0179U, 0180U, 0181U, 0182U, 0183U, 0184U, 0185U, 0186U, 0187U, 0188U, 0189U, 0190U, 0191U, 0192U, 0193U, 0194U, 0195U, 0196U, 0197U, 0198U, 0199U, 0200U 0201U, 0203U, 0204U, 0205U, 0208U, 0209U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0221U, and 0222U and deleted 81490, 81500, 81503, 81506, 81508, 81509, 81510, 81511, 81512, 81535, 81536, 81538, 81539, 84999, 85999, 86152, 86153, 86849, 87999, 0003U, 0009U, 0021U, 0024U, 0039U, 0053U, 0054U, 0058U, 0059U, 0062U, 0067U, 0068U, 0080U, 0083U, 0092U, 0107U, and 0108U. Under **CPT/HCPCS Codes Group 2: Codes** moved 81401, 81403, 81406, 81407, 81412 to CPT/HCPCS Codes Group 1: Codes. This revision is due to coding that is applicable to the MolDX program and is retroactive effective for dates of service on or after 1/1/2021. Under CPT/HCPCS Codes Group 1: Codes added 81168, 81191, 81192, 81193, 81194, 81278, 81279, 81338, 81339, 81347, 81348, 81351, 81352, 81353, 81357, 81360, 81419, 81529, 81546, 81554, 0228U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, deleted 81545. This revision is due to the Q1 2021 CPT/HCPCS Code Update and is retroactive effective for dates of service on or after 1/1/2021.
10/01/2020	R3	11/26/2020- Under CPT/HCPCS codes Group 1: 0154U code description was revised due to Q4 CPT/HCPCs code updates.
04/01/2020	R2	05/28/2020-Under CPT/HCPCS Codes Group 1: Codes- description change for CPT codes 0154U & 0155U. Formatting, & punctuation corrected under CMS National Coverage Policy section. This revision is due to the Q2 2020 CPT/HCPCS code update. Review completed 04/28/2020.
01/01/2020	R1	12/26/2019- Under **CPT/HCPCS Codes Group 1: Codes** added CPT® codes 87999,

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		0045U-0050U, 0053U-0060U, 0062U, 0067U, 0068U, 0070U-0076U, 0078U-0080U, 0083U, 0105U, 0107U, 0108U, 0111U, 0113U, 0114U, 0118U, 0120U, 0129U-0132U, and 0134U-0138U. CPT® codes 81370-81383, 81596, 88120, 88121, 0002M, 0003M, 0002U, 0006U-0008U, 0010U, 0011U, 0025U, 0035U, 0038U, 0041U-0044U, 0086U, 0093U, 0095U-0100U were deleted. These additions and deletions are due to coding that is applicable to the MolDX program. Added 0084U-0104U due to 3rd quarter 2019 CPT/HCPCS code updates-effective 07/01/2019. 0104U was deleted due to 4th quarter code update & 0008U, 81404 and 81407 descriptions changed –effective 10/01/20119. Moved CPT codes 81401, 81403, 81406, 81407 and 81412 from Group 1 to Group 2 CPT/HCPCS code section and added "CPT codes that are also referenced in other articles" to the Group 2 paragraph. Effective 01/01/2020: Annual CPT®/HCPCS Code Update: Under **CPT/HCPCS Codes Group 1: Codes** added CPT® codes 81277, 81307, 81308, 81309, 81522, 81542, 81552, and code range 0153U-0162U. CPT® codes 0009M and 0085U were deleted. The code descriptions were revised for CPT® codes 81350, 0101U, 0102U, and 0103U. Content moved to the new template.

Associated Documents

Related Local Coverage Documents

Articles

A57880 - Billing and Coding: MolDX: Testing of Multiple Genes

LCDs

L36807 - MolDX: Molecular Diagnostic Tests (MDT)

Related National Coverage Documents

N/A

Statutory Requirements URLs

N/A

Rules and Regulations URLs

N/A

CMS Manual Explanations URLs

N/A

Other URLs

N/A

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
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Keywords

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Article - Billing and Coding: Vitamin D Assay Testing (A57484)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05101 - MAC A	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05102 - MAC B	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05201 - MAC A	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05202 - MAC B	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05301 - MAC A	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05302 - MAC B	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05401 - MAC A	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05402 - MAC B	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05901 - MAC A	J - 05	Alabama Alaska Arizona Arkansas California - Entire State Colorado Connecticut Delaware Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
				Maine Maryland Massachusetts Michigan Mississippi Missouri - Entire State Montana Nebraska Nevada New Hampshire New Jersey New Mexico North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08101 - MAC A	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08102 - MAC B	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08201 - MAC A	J - 08	Michigan
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08202 - MAC B	J - 08	Michigan

Article Information

General Information

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A57484

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CMS National Coverage Policy

Title XVIII of Social Security Act, Section 1861 Act provides for payment of clinical laboratory services under Medicare Part B. Clinical laboratory services involve the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the diagnosis, prevention, or treatment of a disease or assessment of a medical condition.

Title XVIII of Social Security Act, Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of Social Security Act, Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

42 CFR part 493, laboratory services must meet all applicable requirements of the Clinical Laboratory Improvement

Amendments of 1988 (CLIA), as set forth. Section 1862(a)(1)(A) provides that Medicare payment may not be made for services that are not reasonable and necessary.

42 CFR 410.32(a), clinical laboratory services must be ordered and used promptly by the physician who is treating the beneficiary.

42 CFR 410.32(a) (3), or by a qualified nonphysician practitioner.

CMS Pub 100-02, *Medicare Benefit Policy Manual*, Chapter 15 - Covered Medical and Other Health Care Services, §80.1 – Clinical Laboratory Services and 80.6 – Requirements for Ordering and Following Orders for Diagnostic Tests.

CMS Pub. 100-04, *Medicare Claims Processing Manual*, Chapter 1- General Billing Requirements, Sections 60 – Provider Billing of Non-covered Charges on Institutional Claims – 60.1.1 - Basic Payment Liability Conditions.

CMS Pub 100-04, *Medicare Claims Processing Manual*, Chapter 25 – Completing and Processing the Form CMS-1450 Data Set, Section 75.5 – From Locators 43-81, FL-67 Principal Diagnosis Codes.

CMS Transmittal No, 857, effective date October 3, 2018 Change Request 10901 Local Coverage Determinations (LCDs) Implementation date January 8, 2019.

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Article Guidance

Article Text

The billing and coding information in this article is dependent on the coverage indications, limitations and/or medical necessity described in the associated LCD Vitamin D Assay Testing.

A. General Guidelines for claims submitted to MAC A/B contractors:

1. Procedure codes may be subject to National Correct Coding Initiative (NCCI) edits or OPPS packaging edits. Refer to NCCI and OPPS requirements prior to billing Medicare.
2. For services requiring a referring/ordering physician, the name and NPI of the referring/ordering physician must be reported on the claim.
3. A claim submitted without a valid diagnosis code will be returned to the provider as an incomplete claim under Section 1833(e) of the Social Security Act.
   The diagnosis code(s) must best describe the patient's condition for which the service was performed. For diagnostic tests, report the result of the test if known; otherwise, the symptoms prompting the performance of the test should be reported.
4. For outpatient settings other than CORFs, references to "physicians" throughout this policy include non-physicians, such as nurse practitioners, clinical nurse specialists and physician assistants. Such non-physician practitioners, with certain exceptions, may certify, order, and establish the plan of care for Vitamin D Assay Testing services as authorized by State law.

B. Billing Guidelines:
Bill type codes only apply to providers billing these services to Part A. Bill type codes do not apply to physicians,

other professionals, and suppliers who bill these services to Part B. (See CMS Publication 100-04, *Medicare Claims Processing Manual,* Chapter 25 – Completing and Processing the Form CMS-1450 Data Set, Section 75.5 – From Locators 43-81, FL-67 Principal Diagnosis Codes, for additional instructions.)

1. All services/procedures performed on the same day for the same beneficiary by the physician/provider should be billed on the same claim.
2. Claims for Vitamin D Assay Testing services are payable under Medicare Part B in the following places of service: office (11), independent clinic (49), Federally Qualified health Center (50) and independent lab (81).

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes: (2 Codes)

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

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

Note: ICD-10 codes must be coded to the highest level of specificity. For Codes in the table below that require a 7th character, letter A initial encounter, D subsequent encounter or S sequel may be used.

CPT code: 82306

Group 1 Codes: (801 Codes)

CODE	DESCRIPTION
A15.0	Tuberculosis of lung

CODE	DESCRIPTION
A15.4	Tuberculosis of intrathoracic lymph nodes
A15.5	Tuberculosis of larynx, trachea and bronchus
A15.6	Tuberculous pleurisy
A15.7	Primary respiratory tuberculosis
A15.8	Other respiratory tuberculosis
A17.0	Tuberculous meningitis
A17.1	Meningeal tuberculoma
A17.81	Tuberculoma of brain and spinal cord
A17.82	Tuberculous meningoencephalitis
A17.83	Tuberculous neuritis
A17.89	Other tuberculosis of nervous system
A17.9	Tuberculosis of nervous system, unspecified
A18.01	Tuberculosis of spine
A18.02	Tuberculous arthritis of other joints
A18.03	Tuberculosis of other bones
A18.09	Other musculoskeletal tuberculosis
A18.10	Tuberculosis of genitourinary system, unspecified
A18.11	Tuberculosis of kidney and ureter
A18.12	Tuberculosis of bladder
A18.13	Tuberculosis of other urinary organs
A18.14	Tuberculosis of prostate
A18.15	Tuberculosis of other male genital organs
A18.16	Tuberculosis of cervix
A18.17	Tuberculous female pelvic inflammatory disease
A18.18	Tuberculosis of other female genital organs
A18.2	Tuberculous peripheral lymphadenopathy
A18.31	Tuberculous peritonitis
A18.32	Tuberculous enteritis
A18.39	Retroperitoneal tuberculosis
A18.4	Tuberculosis of skin and subcutaneous tissue
A18.50	Tuberculosis of eye, unspecified
A18.51	Tuberculous episcleritis

CODE	DESCRIPTION
A18.52	Tuberculous keratitis
A18.53	Tuberculous chorioretinitis
A18.54	Tuberculous iridocyclitis
A18.59	Other tuberculosis of eye
A18.6	Tuberculosis of (inner) (middle) ear
A18.7	Tuberculosis of adrenal glands
A18.81	Tuberculosis of thyroid gland
A18.82	Tuberculosis of other endocrine glands
A18.83	Tuberculosis of digestive tract organs, not elsewhere classified
A18.84	Tuberculosis of heart
A18.85	Tuberculosis of spleen
A18.89	Tuberculosis of other sites
A19.0	Acute miliary tuberculosis of a single specified site
A19.1	Acute miliary tuberculosis of multiple sites
A19.8	Other miliary tuberculosis
B38.0 - B38.89	Acute pulmonary coccidioidomycosis - Other forms of coccidioidomycosis
B39.0 - B39.5	Acute pulmonary histoplasmosis capsulati - Histoplasmosis duboisii
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas

CODE	DESCRIPTION
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C26.0	Malignant neoplasm of intestinal tract, part unspecified
C26.1	Malignant neoplasm of spleen
C26.9	Malignant neoplasm of ill-defined sites within the digestive system
C82.00 - C82.99	Follicular lymphoma grade I, unspecified site - Follicular lymphoma, unspecified, extranodal and solid organ sites
D13.0	Benign neoplasm of esophagus
D13.1	Benign neoplasm of stomach
D13.2	Benign neoplasm of duodenum
D13.30	Benign neoplasm of unspecified part of small intestine
D13.39	Benign neoplasm of other parts of small intestine
D13.4	Benign neoplasm of liver
D13.5	Benign neoplasm of extrahepatic bile ducts
D13.6	Benign neoplasm of pancreas
D13.7	Benign neoplasm of endocrine pancreas
D13.9	Benign neoplasm of ill-defined sites within the digestive system
D86.0	Sarcoidosis of lung
D86.1	Sarcoidosis of lymph nodes
D86.2	Sarcoidosis of lung with sarcoidosis of lymph nodes
D86.3	Sarcoidosis of skin
D86.81	Sarcoid meningitis
D86.82	Multiple cranial nerve palsies in sarcoidosis
D86.83	Sarcoid iridocyclitis
D86.84	Sarcoid pyelonephritis
D86.85	Sarcoid myocarditis
D86.86	Sarcoid arthropathy
D86.87	Sarcoid myositis

CODE	DESCRIPTION
D86.89	Sarcoidosis of other sites
E20.0	Idiopathic hypoparathyroidism
E20.8	Other hypoparathyroidism
E21.0	Primary hyperparathyroidism
E21.1	Secondary hyperparathyroidism, not elsewhere classified
CODE	DESCRIPTION
E21.2	Other hyperparathyroidism
E21.4	Other specified disorders of parathyroid gland
E21.5	Disorder of parathyroid gland, unspecified
E55.0	Rickets, active
E55.9	Vitamin D deficiency, unspecified
E64.3	Sequelae of rickets
E67.2	Megavitamin-B6 syndrome
E67.3	Hypervitaminosis D
E67.8	Other specified hyperalimentation
E68	Sequelae of hyperalimentation
E83.30	Disorder of phosphorus metabolism, unspecified
E83.31	Familial hypophosphatemia
E83.32	Hereditary vitamin D-dependent rickets (type 1) (type 2)
E83.39	Other disorders of phosphorus metabolism
E83.51	Hypocalcemia
E83.52	Hypercalcemia
E84.0	Cystic fibrosis with pulmonary manifestations
E84.11	Meconium ileus in cystic fibrosis
E84.19	Cystic fibrosis with other intestinal manifestations
E84.8	Cystic fibrosis with other manifestations
E84.9	Cystic fibrosis, unspecified
E89.2	Postprocedural hypoparathyroidism
G73.7	Myopathy in diseases classified elsewhere
J63.2	Berylliosis
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding

CODE	DESCRIPTION
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.00	Ulcerative (chronic) pancolitis without complications
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication

CODE	DESCRIPTION
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.40	Inflammatory polyps of colon without complications
K51.411	Inflammatory polyps of colon with rectal bleeding
K51.412	Inflammatory polyps of colon with intestinal obstruction
K51.413	Inflammatory polyps of colon with fistula
K51.414	Inflammatory polyps of colon with abscess
K51.418	Inflammatory polyps of colon with other complication
K51.419	Inflammatory polyps of colon with unspecified complications
K51.50	Left sided colitis without complications
K51.511	Left sided colitis with rectal bleeding
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction

CODE	DESCRIPTION
K51.813	Other ulcerative colitis with fistula
K51.814	Other ulcerative colitis with abscess
K51.818	Other ulcerative colitis with other complication
K51.819	Other ulcerative colitis with unspecified complications
K51.90	Ulcerative colitis, unspecified, without complications
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.914	Ulcerative colitis, unspecified with abscess
K51.918	Ulcerative colitis, unspecified with other complication
CODE	DESCRIPTION
K51.919	Ulcerative colitis, unspecified with unspecified complications
K70.2	Alcoholic fibrosis and sclerosis of liver
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites
K74.00	Hepatic fibrosis, unspecified
K74.01	Hepatic fibrosis, early fibrosis
K74.02	Hepatic fibrosis, advanced fibrosis
K74.3	Primary biliary cirrhosis
K74.4	Secondary biliary cirrhosis
K74.5	Biliary cirrhosis, unspecified
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K75.81	Nonalcoholic steatohepatitis (NASH)
K76.0	Fatty (change of) liver, not elsewhere classified
K76.82	Hepatic encephalopathy
K76.89	Other specified diseases of liver
K80.01	Calculus of gallbladder with acute cholecystitis with obstruction
K80.11	Calculus of gallbladder with chronic cholecystitis with obstruction
K80.13	Calculus of gallbladder with acute and chronic cholecystitis with obstruction
K80.19	Calculus of gallbladder with other cholecystitis with obstruction
K80.21	Calculus of gallbladder without cholecystitis with obstruction

CODE	DESCRIPTION
K80.31	Calculus of bile duct with cholangitis, unspecified, with obstruction
K80.33	Calculus of bile duct with acute cholangitis with obstruction
K80.35	Calculus of bile duct with chronic cholangitis with obstruction
K80.37	Calculus of bile duct with acute and chronic cholangitis with obstruction
K80.41	Calculus of bile duct with cholecystitis, unspecified, with obstruction
K80.43	Calculus of bile duct with acute cholecystitis with obstruction
K80.45	Calculus of bile duct with chronic cholecystitis with obstruction
K80.47	Calculus of bile duct with acute and chronic cholecystitis with obstruction
K80.51	Calculus of bile duct without cholangitis or cholecystitis with obstruction
K80.61	Calculus of gallbladder and bile duct with cholecystitis, unspecified, with obstruction
K80.63	Calculus of gallbladder and bile duct with acute cholecystitis with obstruction
K80.65	Calculus of gallbladder and bile duct with chronic cholecystitis with obstruction
K80.67	Calculus of gallbladder and bile duct with acute and chronic cholecystitis with obstruction
K80.71	Calculus of gallbladder and bile duct without cholecystitis with obstruction
K80.81	Other cholelithiasis with obstruction
K82.0	Obstruction of gallbladder
K82.8	Other specified diseases of gallbladder
K82.9	Disease of gallbladder, unspecified
K82.A1	Gangrene of gallbladder in cholecystitis
K82.A2	Perforation of gallbladder in cholecystitis
K83.01	Primary sclerosing cholangitis
K83.09	Other cholangitis
K83.1	Obstruction of bile duct
K83.2	Perforation of bile duct
K83.3	Fistula of bile duct
K83.4	Spasm of sphincter of Oddi
K83.5	Biliary cyst
K83.8	Other specified diseases of biliary tract
K83.9	Disease of biliary tract, unspecified
K85.10	Biliary acute pancreatitis without necrosis or infection
K85.11	Biliary acute pancreatitis with uninfected necrosis

CODE	DESCRIPTION
K85.12	Biliary acute pancreatitis with infected necrosis
K86.2	Cyst of pancreas
K86.3	Pseudocyst of pancreas
K86.81	Exocrine pancreatic insufficiency
K86.89	Other specified diseases of pancreas
K86.9	Disease of pancreas, unspecified
K87	Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere
K90.0	Celiac disease
K90.1	Tropical sprue
K90.2	Blind loop syndrome, not elsewhere classified
K90.3	Pancreatic steatorrhea
K90.41	Non-celiac gluten sensitivity
K90.49	Malabsorption due to intolerance, not elsewhere classified
K90.89	Other intestinal malabsorption
K90.9	Intestinal malabsorption, unspecified
K91.2	Postsurgical malabsorption, not elsewhere classified
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified
L90.0	Lichen sclerosus et atrophicus
L94.0	Localized scleroderma [morphea]
L94.1	Linear scleroderma
L94.3	Sclerodactyly
M32.0	Drug-induced systemic lupus erythematosus
M32.10	Systemic lupus erythematosus, organ or system involvement unspecified
M32.11	Endocarditis in systemic lupus erythematosus
M32.12	Pericarditis in systemic lupus erythematosus
M32.13	Lung involvement in systemic lupus erythematosus

CODE	DESCRIPTION
M32.14	Glomerular disease in systemic lupus erythematosus
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus
M32.19	Other organ or system involvement in systemic lupus erythematosus
M32.8	Other forms of systemic lupus erythematosus
M33.01	Juvenile dermatomyositis with respiratory involvement
M33.02	Juvenile dermatomyositis with myopathy
M33.03	Juvenile dermatomyositis without myopathy
M33.09	Juvenile dermatomyositis with other organ involvement
M33.11	Other dermatomyositis with respiratory involvement
M33.12	Other dermatomyositis with myopathy
M33.13	Other dermatomyositis without myopathy
M33.19	Other dermatomyositis with other organ involvement
M33.91	Dermatopolymyositis, unspecified with respiratory involvement
M33.92	Dermatopolymyositis, unspecified with myopathy
M33.93	Dermatopolymyositis, unspecified without myopathy
M33.99	Dermatopolymyositis, unspecified with other organ involvement
CODE	DESCRIPTION
M36.0	Dermato(poly)myositis in neoplastic disease
M60.811	Other myositis, right shoulder
M60.812	Other myositis, left shoulder
M60.821	Other myositis, right upper arm
M60.822	Other myositis, left upper arm
M60.831	Other myositis, right forearm
M60.832	Other myositis, left forearm
M60.841	Other myositis, right hand
M60.842	Other myositis, left hand
M60.851	Other myositis, right thigh
M60.852	Other myositis, left thigh
M60.861	Other myositis, right lower leg
M60.862	Other myositis, left lower leg
M60.871	Other myositis, right ankle and foot
M60.872	Other myositis, left ankle and foot

CODE	DESCRIPTION
M60.88	Other myositis, other site
M60.89	Other myositis, multiple sites
M79.10	Myalgia, unspecified site
M79.11	Myalgia of mastication muscle
M79.12	Myalgia of auxiliary muscles, head and neck
M79.18	Myalgia, other site
M79.7	Fibromyalgia
M80.00XA - M80.88XS	Age-related osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture - Other osteoporosis with current pathological fracture, vertebra(e), sequela
M80.8AXA - M80.8AXS	Other osteoporosis with current pathological fracture, other site, initial encounter for fracture - Other osteoporosis with current pathological fracture, other site, sequela
M81.0	Age-related osteoporosis without current pathological fracture
M81.6	Localized osteoporosis [Lequesne]
M81.8	Other osteoporosis without current pathological fracture
M83.0	Puerperal osteomalacia
M83.1	Senile osteomalacia
M83.2	Adult osteomalacia due to malabsorption
M83.3	Adult osteomalacia due to malnutrition
M83.4	Aluminum bone disease
M83.5	Other drug-induced osteomalacia in adults
M83.8	Other adult osteomalacia
M83.9	Adult osteomalacia, unspecified
M85.80	Other specified disorders of bone density and structure, unspecified site
M85.811	Other specified disorders of bone density and structure, right shoulder
M85.812	Other specified disorders of bone density and structure, left shoulder
M85.821	Other specified disorders of bone density and structure, right upper arm
M85.822	Other specified disorders of bone density and structure, left upper arm
M85.831	Other specified disorders of bone density and structure, right forearm
M85.832	Other specified disorders of bone density and structure, left forearm
M85.841	Other specified disorders of bone density and structure, right hand
M85.842	Other specified disorders of bone density and structure, left hand
M85.851	Other specified disorders of bone density and structure, right thigh

CODE	DESCRIPTION
M85.852	Other specified disorders of bone density and structure, left thigh
M85.861	Other specified disorders of bone density and structure, right lower leg
M85.862	Other specified disorders of bone density and structure, left lower leg
M85.871	Other specified disorders of bone density and structure, right ankle and foot
M85.872	Other specified disorders of bone density and structure, left ankle and foot
M85.88	Other specified disorders of bone density and structure, other site
M85.89	Other specified disorders of bone density and structure, multiple sites
M85.9	Disorder of bone density and structure, unspecified
M88.0	Osteitis deformans of skull
M88.1	Osteitis deformans of vertebrae
M88.811	Osteitis deformans of right shoulder
M88.812	Osteitis deformans of left shoulder
M88.821	Osteitis deformans of right upper arm
M88.822	Osteitis deformans of left upper arm
M88.831	Osteitis deformans of right forearm
M88.832	Osteitis deformans of left forearm
M88.841	Osteitis deformans of right hand
M88.842	Osteitis deformans of left hand
M88.851	Osteitis deformans of right thigh
M88.852	Osteitis deformans of left thigh
M88.861	Osteitis deformans of right lower leg
M88.862	Osteitis deformans of left lower leg
M88.871	Osteitis deformans of right ankle and foot
M88.872	Osteitis deformans of left ankle and foot
M88.88	Osteitis deformans of other bones
M88.89	Osteitis deformans of multiple sites
M88.9	Osteitis deformans of unspecified bone
M89.9	Disorder of bone, unspecified
M94.9	Disorder of cartilage, unspecified
N18.30	Chronic kidney disease, stage 3 unspecified
N18.31	Chronic kidney disease, stage 3a
N18.32	Chronic kidney disease, stage 3b

CODE	DESCRIPTION
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N25.81	Secondary hyperparathyroidism of renal origin
O99.841	Bariatric surgery status complicating pregnancy, first trimester
O99.842	Bariatric surgery status complicating pregnancy, second trimester
O99.843	Bariatric surgery status complicating pregnancy, third trimester
O99.844	Bariatric surgery status complicating childbirth
O99.845	Bariatric surgery status complicating the puerperium
Q78.0	Osteogenesis imperfecta
Q78.2	Osteopetrosis
T30.0	Burn of unspecified body region, unspecified degree
T30.4	Corrosion of unspecified body region, unspecified degree
Z68.30	Body mass index [BMI] 30.0-30.9, adult
Z68.31	Body mass index [BMI] 31.0-31.9, adult
Z68.32	Body mass index [BMI] 32.0-32.9, adult
Z68.33	Body mass index [BMI] 33.0-33.9, adult
Z68.34	Body mass index [BMI] 34.0-34.9, adult
Z68.35	Body mass index [BMI] 35.0-35.9, adult
Z68.36	Body mass index [BMI] 36.0-36.9, adult
Z68.37	Body mass index [BMI] 37.0-37.9, adult
Z68.38	Body mass index [BMI] 38.0-38.9, adult
Z68.39	Body mass index [BMI] 39.0-39.9, adult
CODE	DESCRIPTION
Z68.41	Body mass index [BMI] 40.0-44.9, adult
Z68.42	Body mass index [BMI] 45.0-49.9, adult
Z68.43	Body mass index [BMI] 50.0-59.9, adult
Z68.44	Body mass index [BMI] 60.0-69.9, adult
Z68.45	Body mass index [BMI] 70 or greater, adult
Z79.3	Long term (current) use of hormonal contraceptives
Z79.51	Long term (current) use of inhaled steroids
Z79.52	Long term (current) use of systemic steroids

CODE	DESCRIPTION
Z79.85	Long-term (current) use of injectable non-insulin antidiabetic drugs
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy
Z98.0	Intestinal bypass and anastomosis status
Z98.84	Bariatric surgery status

Group 2 Paragraph:

CPT code: 82652

Group 2 Codes: (123 Codes)

CODE	DESCRIPTION
A15.0	Tuberculosis of lung
A15.4	Tuberculosis of intrathoracic lymph nodes
A15.5	Tuberculosis of larynx, trachea and bronchus
A15.6	Tuberculous pleurisy
A15.7	Primary respiratory tuberculosis
A15.8	Other respiratory tuberculosis
A17.0	Tuberculous meningitis
A17.1	Meningeal tuberculoma
A17.81	Tuberculoma of brain and spinal cord
A17.82	Tuberculous meningoencephalitis
A17.83	Tuberculous neuritis
A17.89	Other tuberculosis of nervous system
A17.9	Tuberculosis of nervous system, unspecified
A18.01	Tuberculosis of spine
A18.02	Tuberculous arthritis of other joints
A18.03	Tuberculosis of other bones
A18.09	Other musculoskeletal tuberculosis
A18.10	Tuberculosis of genitourinary system, unspecified
A18.11	Tuberculosis of kidney and ureter
A18.12	Tuberculosis of bladder
A18.13	Tuberculosis of other urinary organs
A18.14	Tuberculosis of prostate

CODE	DESCRIPTION
A18.15	Tuberculosis of other male genital organs
A18.16	Tuberculosis of cervix
A18.17	Tuberculous female pelvic inflammatory disease
A18.18	Tuberculosis of other female genital organs
A18.2	Tuberculous peripheral lymphadenopathy
A18.31	Tuberculous peritonitis
A18.32	Tuberculous enteritis
A18.39	Retroperitoneal tuberculosis
A18.4	Tuberculosis of skin and subcutaneous tissue
A18.50	Tuberculosis of eye, unspecified
A18.51	Tuberculous episcleritis
A18.52	Tuberculous keratitis
A18.53	Tuberculous chorioretinitis
A18.54	Tuberculous iridocyclitis
A18.59	Other tuberculosis of eye
A18.6	Tuberculosis of (inner) (middle) ear
A18.7	Tuberculosis of adrenal glands
A18.81	Tuberculosis of thyroid gland
A18.82	Tuberculosis of other endocrine glands
A18.83	Tuberculosis of digestive tract organs, not elsewhere classified
A18.84	Tuberculosis of heart
A18.85	Tuberculosis of spleen
A18.89	Tuberculosis of other sites
A19.0	Acute miliary tuberculosis of a single specified site
A19.1	Acute miliary tuberculosis of multiple sites
A19.2	Acute miliary tuberculosis, unspecified
A19.8	Other miliary tuberculosis
A19.9	Miliary tuberculosis, unspecified
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes

CODE	DESCRIPTION
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.10	Sezary disease, unspecified site
C84.12	Sezary disease, intrathoracic lymph nodes
C84.13	Sezary disease, intra-abdominal lymph nodes
C84.14	Sezary disease, lymph nodes of axilla and upper limb
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb
C84.16	Sezary disease, intrapelvic lymph nodes
C84.17	Sezary disease, spleen
C84.18	Sezary disease, lymph nodes of multiple sites
C84.19	Sezary disease, extranodal and solid organ sites
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
D86.0	Sarcoidosis of lung
D86.1	Sarcoidosis of lymph nodes
D86.2	Sarcoidosis of lung with sarcoidosis of lymph nodes
D86.3	Sarcoidosis of skin
D86.81	Sarcoid meningitis

CODE	DESCRIPTION
D86.82	Multiple cranial nerve palsies in sarcoidosis
D86.83	Sarcoid iridocyclitis
D86.84	Sarcoid pyelonephritis
D86.85	Sarcoid myocarditis
D86.86	Sarcoid arthropathy
D86.87	Sarcoid myositis
D86.89	Sarcoidosis of other sites
E20.0	Idiopathic hypoparathyroidism
E20.8	Other hypoparathyroidism
E21.0	Primary hyperparathyroidism
E21.1	Secondary hyperparathyroidism, not elsewhere classified
E21.2	Other hyperparathyroidism
E21.4	Other specified disorders of parathyroid gland
E21.5	Disorder of parathyroid gland, unspecified
E55.0	Rickets, active
E55.9	Vitamin D deficiency, unspecified
CODE	DESCRIPTION
E64.3	Sequelae of rickets
E67.2	Megavitamin-B6 syndrome
E67.8	Other specified hyperalimentation
E68	Sequelae of hyperalimentation
E89.2	Postprocedural hypoparathyroidism
M83.0	Puerperal osteomalacia
M83.1	Senile osteomalacia
M83.2	Adult osteomalacia due to malabsorption
M83.3	Adult osteomalacia due to malnutrition
M83.4	Aluminum bone disease
M83.5	Other drug-induced osteomalacia in adults
M83.8	Other adult osteomalacia
M83.9	Adult osteomalacia, unspecified
N18.30	Chronic kidney disease, stage 3 unspecified
N18.31	Chronic kidney disease, stage 3a

CODE	DESCRIPTION
N18.32	Chronic kidney disease, stage 3b
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N25.81	Secondary hyperparathyroidism of renal origin
Q78.0	Osteogenesis imperfecta
Q78.2	Osteopetrosis

ICD-10-CM Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes: (1 Code)

CODE	DESCRIPTION
XX000	Not Applicable

ICD-10-PCS Codes

N/A

Additional ICD-10 Information

N/A

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report

this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2022	R3	Posted 09/29/2022: ICD-10-CM Code Updates: Under **ICD-10 Codes that Support Medical Necessity**, added K76.82 and Z79.85 to the Group 1 Codes. These updates are effective 10/01/2022.
10/01/2021	R2	09/30/2021 ICD-10 CM Code Updates: Z68.30 and Z68.41 in Group 1 codes had description changes. Review completed 09/03/2021.
10/01/2020	R1	10/01/2020 ICD-10 CM Code annual update completed. Group 1 deleted K74.0 and N18.3. Group 1 added K74.00, K74.01, K74.02, M80.8AXA, M80.8AXD, M80.8AXG, M80.8AXK, M80.8AXP, M80.8AXS as a new range, M80.0AXA, M80.0AXD, M80.0AXG, M80.0AXK, M80.0AXP, M80.0AXS added to current range M80.00XA-M80.88XS, N18.30, N18.31 and N18.32. Group 1 revised descriptions: Z68.30-Z68.45. Group 2 deleted N18.3. Group 2 added N18.30, N18.31 and N18.32.

Associated Documents

Related Local Coverage Documents

LCDs

L34658 - Vitamin D Assay Testing

Related National Coverage Documents

N/A

Statutory Requirements URLs

N/A

Rules and Regulations URLs

N/A

CMS Manual Explanations URLs

CMS Pub 100-02, Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Care Services, §80.1 – Clinical Laboratory Services
CMS Pub. 100-04, Medicare Claims Processing Manual, Chapter 1- General Billing Requirements, Sections 60 – Provider Billing of Non-covered Charges on Institutional Claims
CMS Pub 100-04, Medicare Claims Processing Manual, Chapter 25 – Completing and Processing the Form CMS-1450 Data Set

Other URLs

N/A

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
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Keywords

N/A