April 2021

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.

Local Coverage Article:
Billing and Coding: Allergy Testing (A57473)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
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	STATE(S)
				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
A57473

Article Title
Billing and Coding: Allergy Testing

Article Type
Billing and Coding

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10/31/2019

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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 & 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. Histamine and saline controls are appropriate and can be billed as two antigens. 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:

CODE	DESCRIPTION
82785	Assay of ige
86003	Allg spec ige crude xtrc ea
86008	Allg spec ige recomb ea

CODE	DESCRIPTION
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:

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 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:

ICD-10 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
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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
ICD-10 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
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	Cough
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R06.09	Other forms of dyspnea
R06.2	Wheezing
R06.83	Snoring

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
Z91.018	Allergy to other foods
Z91.02	Food additives allergy status
Z91.030	Bee allergy status
Z91.038	Other insect allergy status
Z91.040	Latex allergy status
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:

ICD-10 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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 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
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	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

ICD-10 CODE	DESCRIPTION
	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
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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
Z91.011	Allergy to milk products
Z91.012	Allergy to eggs
Z91.013	Allergy to seafood
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

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:

ICD-10 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	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)

ICD-10 CODE	DESCRIPTION
R14.1	Gas pain
R14.2	Eructation
R14.3	Flatulence
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

ICD-10 CODE	DESCRIPTION
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:

ICD-10 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

ICD-10 CODE	DESCRIPTION
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
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:

ICD-10 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

ICD-10 CODE	DESCRIPTION
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
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
Z91.018	Allergy to other foods
Z91.02	Food additives allergy status

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 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 policy does not apply to that Bill Type.Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy 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 policy, 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 policy 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
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 Document(s)

LCD(s)
L36402 - Allergy Testing
DL36402
- (MCD Archive Site)

Related National Coverage Document(s)

NCD(s)
110.12 - Challenge Ingestion Food Testing
110.13 - Cytotoxic Food Tests
110.11 - Food Allergy Testing and Treatment

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

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Local Coverage Article:
Billing and Coding: MolDX: Biomarkers in Cardiovascular Risk Assessment (A57559)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
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

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
				Kentucky 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

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A57559

Article Title
Billing and Coding: MolDX: Biomarkers in Cardiovascular Risk Assessment

Article Type
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 Pub. 100-04, *Medicare Claims Processing Manual*, Chapter 16, Section 50.5-Jurisdiction of Laboratory Claims, 60.12: Independent Laboratory Specimen Drawing, 60.2: Travel Allowance.

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

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.

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.

To report a Biomarker in Cardiovascular Risk Assessment service, please submit the following claim information:

- Select the 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
- Select the appropriate ICD-10-CM code

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

The following CPT codes are covered:

Group 1 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 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:

ICD-10 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
E75.248	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
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

ICD-10 CODE	DESCRIPTION
I25.10	Atherosclerotic heart disease of native coronary artery without 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
I48.91	Unspecified atrial fibrillation
I51.9	Heart disease, unspecified
I52	Other heart disorders in diseases classified elsewhere
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery
I63.011 - I63.013	Cerebral infarction due to thrombosis of right vertebral artery - Cerebral infarction due to thrombosis of bilateral vertebral arteries
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery
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
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery
I63.09	Cerebral infarction due to thrombosis of other precerebral artery
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery
I63.111 - I63.113	Cerebral infarction due to embolism of right vertebral artery - Cerebral infarction due to embolism of bilateral vertebral arteries
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery
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
I63.139	Cerebral infarction due to embolism of unspecified carotid artery
I63.19	Cerebral infarction due to embolism of other precerebral artery
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries
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
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery

ICD-10 CODE	DESCRIPTION
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 - Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery
I63.311 - I63.313	Cerebral infarction due to thrombosis of right middle cerebral artery - Cerebral infarction due to thrombosis of bilateral middle cerebral arteries
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery
I63.321 - I63.323	Cerebral infarction due to thrombosis of right anterior cerebral artery - Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery
I63.331 - I63.333	Cerebral infarction due to thrombosis of right posterior cerebral artery - Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery
I63.341 - I63.343	Cerebral infarction due to thrombosis of right cerebellar artery - Cerebral infarction due to thrombosis of bilateral cerebellar arteries
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery
I63.39	Cerebral infarction due to thrombosis of other cerebral artery
I63.40	Cerebral infarction due to embolism of unspecified 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
I63.419	Cerebral infarction due to embolism of unspecified middle cerebral artery
I63.421 - I63.423	Cerebral infarction due to embolism of right anterior cerebral artery - Cerebral infarction due to embolism of bilateral anterior cerebral arteries
I63.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery
I63.431 - I63.433	Cerebral infarction due to embolism of right posterior cerebral artery - Cerebral infarction due to embolism of bilateral posterior cerebral arteries
I63.439	Cerebral infarction due to embolism of unspecified posterior cerebral artery
I63.441 - I63.443	Cerebral infarction due to embolism of right cerebellar artery - Cerebral infarction due to embolism of bilateral cerebellar arteries
I63.449	Cerebral infarction due to embolism of unspecified cerebellar artery

ICD-10 CODE	DESCRIPTION
I63.49	Cerebral infarction due to embolism of other cerebral artery
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified 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
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery
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
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery
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
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery
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
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery
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
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
ICD-10 CODE	DESCRIPTION
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity

ICD-10 CODE	DESCRIPTION
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified 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
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified 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
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified 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
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site
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
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site
I70.25	Atherosclerosis of native arteries of other extremities with ulceration
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg

ICD-10 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
I70.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified 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
I70.299	Other atherosclerosis of native arteries of extremities, unspecified 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
I70.309	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified 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
I70.319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified 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

ICD-10 CODE	DESCRIPTION
I70.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity
I70.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration 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 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 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 policy does not apply to that Bill Type.Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy 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 policy, 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 policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

Article(s)

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

LCD(s)
L36523 - MolDX: Biomarkers in Cardiovascular Risk Assessment
DL36523
- (MCD Archive Site)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

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Keywords

N/A

Local Coverage Article:
Billing and Coding: Drug Testing (A56915)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
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	STATE(S)
				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
A56915

Article Title
Billing and Coding: Drug Testing

Article Type
Billing and Coding

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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:

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

CODE	DESCRIPTION
G0659	Drug test def simple all cl

Group 2 Paragraph:

The following CPT codes are Non-Covered by Medicare

Group 2 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 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:

ICD-10 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

ICD-10 CODE	DESCRIPTION
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
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]

ICD-10 CODE	DESCRIPTION
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 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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
	(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
ICD-10 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
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

ICD-10 CODE	DESCRIPTION
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
T40.7X1A	Poisoning by cannabis (derivatives), accidental (unintentional), initial encounter
T40.7X2A	Poisoning by cannabis (derivatives), intentional self-harm, initial encounter
T40.7X3A	Poisoning by cannabis (derivatives), assault, initial encounter
T40.7X4A	Poisoning by cannabis (derivatives), 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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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 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
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
ICD-10 CODE	DESCRIPTION
T43.291A	Poisoning by other antidepressants, accidental (unintentional), initial encounter

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
Z91.14	Patient's other noncompliance with medication regimen
Z91.19	Patient's noncompliance with other medical treatment and regimen

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 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 policy does not apply to that Bill Type.Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy 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 policy, 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 policy 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
10/01/2020	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 Document(s)

LCD(s)
L34645 - Drug Testing

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 09/21/2020 with effective dates 10/01/2020 - N/A
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Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

N/A

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

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
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

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
				Kentucky 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

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

Original Effective Date
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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:

N/A

Group 1 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 - Cytogen m array copy no&snp
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 - 81348	Trb@ gene rearrange amplify - Srsf2 gene common variants
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

CODE	DESCRIPTION
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
81419	Epilepsy gen seq alys panel
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
81442	Noonan spectrum disorders
81443	Genetic tstg severe inh cond
81445	Targeted genomic seq analys
81448	Hrdtry perph neurphy panel
81450	Targeted genomic seq analys
81455	Targeted genomic seq analys
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

CODE	DESCRIPTION
81507	Fetal aneuploidy trisom risk
81518	Onc brst mrna 11 genes
81519	Oncology breast mrna
81520 - 81522	Onc breast mrna 58 genes - Onc breast mrna 12 genes
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
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
81599	Unlisted maaa
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
0001U	Rbc dna hea 35 ag 11 bld grp
0005U	Onco prst8 3 gene ur alg
0012U - 0014U	Germln do gene reargmt detcj - Hem hmtlmf neo gene reargmt
0016U - 0019U	Onc hmtlmf neo rna bcr/abl1 - Onc rna tiss predict alg
0022U	Trgt gen seq dna&rna 23 gene
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

CODE	DESCRIPTION
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
0055U	Card hrt trnspl 96 dna seq
0056U	Hem aml dna gene reargmt
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
CODE	DESCRIPTION
0078U	Pain mgt opi use gnotyp pnl
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
0105U	Neph ckd mult eclia tum nec
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
0168U	Ftl aneuploidy dna seq alys
0169U	Nudt15&tpmt gene com vrnt

CODE	DESCRIPTION
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
0208U	Onc mtc mrna xprsn alys 108
0209U	Cytog const alys interrog
0211U - 0218U	Onc pan-tum dna&rna gnrj seq - Neuro musc dys dmd seq alys
0221U	Abo gnotyp next gnrj seq abo
0222U	Rhd&rhce gntyp next gnrj seq
0228U	Onc prst8 ma molec prfl alg
0229U	Bcat1 promoter mthyltn alys
0230U - 0239U	Ar full sequence analysis - Trgt gen seq alys pnl 311+

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 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 policy does not apply to that Bill Type.Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy 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 policy, 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 policy 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
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, 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

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		"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 Document(s)

LCD(s)
L36807 - MolDX: Molecular Diagnostic Tests (MDT)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 02/16/2021 with effective dates 01/01/2021 - N/A
Updated on 11/19/2020 with effective dates 10/01/2020 - N/A
Updated on 05/19/2020 with effective dates 04/01/2020 - N/A
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

N/A

Local Coverage Article:
Billing and Coding: MolDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels (A57579)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
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

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
				Kentucky 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
A57579

Article Title
Billing and Coding: MolDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels

Article Type
Billing and Coding

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

Original Effective Date
11/28/2019

Revision Effective Date
01/01/2021

Revision Ending Date
N/A

Retirement Date
N/A

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CMS National Coverage Policy

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

CMS Internet-Only Manuals, Publication 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, 60.12 Independent Laboratory Specimen Drawing, 60.2. Travel Allowance.

CMS Internet Online Manual Pub. 100-04 (Medicare Claims Processing Manual), Chapter 23 (Section 10) "Reporting ICD Diagnosis and Procedure Codes"

CMS Internet Online Manual Pub. 100-02 (Medicare Benefit Policy Manual), Chapter 15, §§80.0, 80.1.1, 80.2. Clinical Laboratory Services

Article Guidance

Article Text:

The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for MolDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels L37764.

To report a multiplex PCR respiratory viral panel service, please submit the following claim information:

- If the panel being used does not have its own proprietary CPT® Code, select the appropriate CPT® code.
- If the test does have a PLA code then submit the appropriate code.
- Per the MolDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels L37764 LCD, tests that include more than 5 viral pathogens are non-covered. Included in this are 87632, 87633, and additional PLA codes listed in the **CPT/HCPCS Codes Group 2: Codes** section of this Billing and Coding article.
- Enter 1 unit of service (UOS)
- Select the appropriate ICD-10-CM code

A DEX Z-Code™ identifier is not required for multiplex PCR respiratory viral panel testing. If submitting a DEX Z-Code™ identifier, please submit following the below instructions:

- 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:

Covered under limited circumstances. May only be billed in places of service 20, 21, 23, or 81 (Urgent care, Inpatient hospital, Emergency room, or Independent Laboratory respectively).

Outside of one of these places of service, test must be ordered by an infectious disease specialist who is diagnosing and treating the beneficiary. An exception may be made in geographic locations where no infectious disease specialist can be reasonably reached by the beneficiary and the ordering provider is located closer to the beneficiary's place of residence than the nearest infectious disease specialist. We would generally expect that beneficiaries for whom the test is ordered under this exception to be living in rural locations, islands, or some other location where access to care is limited.

Group 1 Codes:

CODE	DESCRIPTION
87631	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RESPIRATORY VIRUS (EG, ADENOVIRUS, INFLUENZA VIRUS, CORONAVIRUS, METAPNEUMOVIRUS, PARAINFLUENZA VIRUS, RESPIRATORY SYNCYTIAL VIRUS, RHINOVIRUS), INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 3-5 TARGETS
87636	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) AND INFLUENZA VIRUS TYPES A AND B, MULTIPLEX AMPLIFIED PROBE TECHNIQUE
87637	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]), INFLUENZA VIRUS TYPES A AND B, AND RESPIRATORY SYNCYTIAL VIRUS, MULTIPLEX AMPLIFIED PROBE TECHNIQUE
0240U	INFECTIOUS DISEASE (VIRAL RESPIRATORY TRACT INFECTION), PATHOGEN-SPECIFIC RNA, 3 TARGETS (SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 [SARS-COV-2], INFLUENZA A, INFLUENZA B), UPPER RESPIRATORY SPECIMEN, EACH PATHOGEN REPORTED AS DETECTED OR NOT DETECTED
0241U	INFECTIOUS DISEASE (VIRAL RESPIRATORY TRACT INFECTION), PATHOGEN-SPECIFIC RNA, 4 TARGETS (SEVERE ACUTE RESPIRATORY SYNDROME

CODE	DESCRIPTION
	CORONAVIRUS 2 [SARS-COV-2], INFLUENZA A, INFLUENZA B, RESPIRATORY SYNCYTIAL VIRUS [RSV]), UPPER RESPIRATORY SPECIMEN, EACH PATHOGEN REPORTED AS DETECTED OR NOT DETECTED

Group 2 Paragraph:

These codes are non-covered

Group 2 Codes:

CODE	DESCRIPTION
87632	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RESPIRATORY VIRUS (EG, ADENOVIRUS, INFLUENZA VIRUS, CORONAVIRUS, METAPNEUMOVIRUS, PARAINFLUENZA VIRUS, RESPIRATORY SYNCYTIAL VIRUS, RHINOVIRUS), INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 6-11 TARGETS
87633	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RESPIRATORY VIRUS (EG, ADENOVIRUS, INFLUENZA VIRUS, CORONAVIRUS, METAPNEUMOVIRUS, PARAINFLUENZA VIRUS, RESPIRATORY SYNCYTIAL VIRUS, RHINOVIRUS), INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 12-25 TARGETS
0098U	RESPIRATORY PATHOGEN, MULTIPLEX REVERSE TRANSCRIPTION AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 14 TARGETS (ADENOVIRUS, CORONAVIRUS, HUMAN METAPNEUMOVIRUS, INFLUENZA A, INFLUENZA A SUBTYPE H1, INFLUENZA A SUBTYPE H3, INFLUENZA A SUBTYPE H1-2009, INFLUENZA B, PARAINFLUENZA VIRUS, HUMAN RHINOVIRUS/ENTEROVIRUS, RESPIRATORY SYNCYTIAL VIRUS, BORDETELLA PERTUSSIS, CHLAMYDOPHILA PNEUMONIAE, MYCOPLASMA PNEUMONIAE)
0099U	RESPIRATORY PATHOGEN, MULTIPLEX REVERSE TRANSCRIPTION AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 20 TARGETS (ADENOVIRUS, CORONAVIRUS 229E, CORONAVIRUS HKU1, CORONAVIRUS, CORONAVIRUS OC43, HUMAN METAPNEUMOVIRUS, INFLUENZA A, INFLUENZA A SUBTYPE, INFLUENZA A SUBTYPE H3, INFLUENZA A SUBTYPE H1-2009, INFLUENZA, PARAINFLUENZA VIRUS, PARAINFLUENZA VIRUS 2, PARAINFLUENZA VIRUS 3, PARAINFLUENZA VIRUS 4, HUMAN RHINOVIRUS/ENTEROVIRUS, RESPIRATORY SYNCYTIAL VIRUS, BORDETELLA PERTUSSIS, CHLAMYDOPHILA PNEUMONIA, MYCOPLASMA PNEUMONIAE)
0100U	RESPIRATORY PATHOGEN, MULTIPLEX REVERSE TRANSCRIPTION AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 21 TARGETS (ADENOVIRUS, CORONAVIRUS 229E, CORONAVIRUS HKU1, CORONAVIRUS NL63, CORONAVIRUS OC43, HUMAN METAPNEUMOVIRUS, HUMAN RHINOVIRUS/ENTEROVIRUS, INFLUENZA A, INCLUDING SUBTYPES H1, H1-2009,

CODE	DESCRIPTION
	AND H3, INFLUENZA B, PARAINFLUENZA VIRUS 1, PARAINFLUENZA VIRUS 2, PARAINFLUENZA VIRUS 3, PARAINFLUENZA VIRUS 4, RESPIRATORY SYNCYTIAL VIRUS, BORDETELLA PARAPERTUSSIS [IS1001], BORDETELLA PERTUSSIS [PTXP], CHLAMYDIA PNEUMONIAE, MYCOPLASMA PNEUMONIAE)
0115U	RESPIRATORY INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA AND RNA), 18 VIRAL TYPES AND SUBTYPES AND 2 BACTERIAL TARGETS, AMPLIFIED PROBE TECHNIQUE, INCLUDING MULTIPLEX REVERSE TRANSCRIPTION FOR RNA TARGETS, EACH ANALYTE REPORTED AS DETECTED OR NOT DETECTED
0151U	INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INFECTION), PATHOGEN SPECIFIC NUCLEIC ACID (DNA OR RNA), 33 TARGETS, REAL-TIME SEMI-QUANTITATIVE PCR, BRONCHOALVEOLAR LAVAGE, SPUTUM, OR ENDOTRACHEAL ASPIRATE, DETECTION OF 33 ORGANISMAL AND ANTIBIOTIC RESISTANCE GENES WITH LIMITED SEMI-QUANTITATIVE RESULTS
0202U	INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INFECTION), PATHOGENSPECIFIC NUCLEIC ACID (DNA OR RNA), 22 TARGETS INCLUDING SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2), QUALITATIVE RT-PCR, NASOPHARYNGEAL SWAB, EACH PATHOGEN REPORTED AS DETECTED OR NOT DETECTED
0223U	INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INFECTION), PATHOGEN-SPECIFIC NUCLEIC ACID (DNA OR RNA), 22 TARGETS INCLUDING SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2), QUALITATIVE RT-PCR, NASOPHARYNGEAL SWAB, EACH PATHOGEN REPORTED AS DETECTED OR NOT DETECTED
0225U	INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INFECTION) PATHOGEN-SPECIFIC DNA AND RNA, 21 TARGETS, INCLUDING SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2), AMPLIFIED PROBE TECHNIQUE, INCLUDING MULTIPLEX REVERSE TRANSCRIPTION FOR RNA TARGETS, EACH ANALYTE REPORTED AS DETECTED OR NOT DETECTED

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

These are the diagnosis codes corresponding to coverage of **CPT/HCPCS Codes Group 1: Codes**. One of these diagnosis codes must be on the claim in addition to the sign or symptom for which there is suspicion of respiratory illness.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
B97.29	Other coronavirus as the cause of diseases classified elsewhere
D80.0	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
D80.2	Selective deficiency of immunoglobulin A [IgA]
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
D80.7	Transient hypogammaglobulinemia of infancy
D80.8	Other immunodeficiencies with predominantly antibody defects
D80.9	Immunodeficiency with predominantly antibody defects, unspecified
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
D81.30	Adenosine deaminase deficiency, unspecified
D81.31	Severe combined immunodeficiency due to adenosine deaminase deficiency
D81.32	Adenosine deaminase 2 deficiency
D81.39	Other adenosine deaminase deficiency
D81.4	Nezelof's syndrome
D81.5	Purine nucleoside phosphorylase [PNP] deficiency
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.810	Biotinidase deficiency
D81.818	Other biotin-dependent carboxylase deficiency
D81.819	Biotin-dependent carboxylase deficiency, unspecified
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified

ICD-10 CODE	DESCRIPTION
D82.0	Wiskott-Aldrich syndrome
D82.1	Di George's syndrome
D82.2	Immunodeficiency with short-limbed stature
D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus
D82.4	Hyperimmunoglobulin E [IgE] syndrome
D82.8	Immunodeficiency associated with other specified major defects
D82.9	Immunodeficiency associated with major defect, unspecified
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
D83.9	Common variable immunodeficiency, unspecified
D84.0	Lymphocyte function antigen-1 [LFA-1] defect
D84.1	Defects in the complement system
J06.9	Acute upper respiratory infection, unspecified
J09.X1	Influenza due to identified novel influenza A virus with pneumonia
J09.X2	Influenza due to identified novel influenza A virus with other respiratory manifestations
J09.X3	Influenza due to identified novel influenza A virus with gastrointestinal manifestations
J09.X9	Influenza due to identified novel influenza A virus with other manifestations
J12.0	Adenoviral pneumonia
J12.1	Respiratory syncytial virus pneumonia
J12.3	Human metapneumovirus pneumonia
J12.81	Pneumonia due to SARS-associated coronavirus
J12.82	Pneumonia due to coronavirus disease 2019
J12.89	Other viral pneumonia
J12.9	Viral pneumonia, unspecified
J15.8	Pneumonia due to other specified bacteria
J16.8	Pneumonia due to other specified infectious organisms
J18.0	Bronchopneumonia, unspecified organism

ICD-10 CODE	DESCRIPTION
J18.1	Lobar pneumonia, unspecified organism
J18.2	Hypostatic pneumonia, unspecified organism
J18.8	Other pneumonia, unspecified organism
J18.9	Pneumonia, unspecified organism
J20.8	Acute bronchitis due to other specified organisms
J22	Unspecified acute lower respiratory infection
R05	Cough
R06.2	Wheezing
R50.9	Fever, unspecified
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z20.822	Contact with and (suspected) exposure to COVID-19
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
Z86.16	Personal history of COVID-19
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
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status
Z94.83	Pancreas transplant status
Z94.84	Stem cells transplant status
U07.1	COVID-19

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Additional ICD-10 Information

NA

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 policy does not apply to that Bill Type.Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy 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 policy, 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 policy 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
01/01/2021	R9	04/01/2021 Under **Article Text** revised the first bullet to read, "If the panel being used does not have its own proprietary CPT® code, select the appropriate CPT® code". Under **CPT/HCPCS Codes Group 1: Codes** added 87636, 87637, 0240U, and 0241U. This revision is due to the Q1 2021 CPT/HCPCS Code Update and is retroactive effective for dates of service on or after 10/06/2020.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		Under **ICD-10 Codes that Support Medical Necessity Group 1: Codes** added J12.82, Z20.822, and Z86.16. This revision is due to the Q1 2021 CPT/HCPCS Code Update and is retroactive effective for dates of service on or after 01/01/2021.
10/01/2020	R8	11/26/2020 Under CPT/HCPCS Codes Group 2: Codes added 0225U. This revision is due to the Q4 2020 CPT/HCPCS Code Update and is effective for dates of service on or after 08/10/2020.
10/01/2020	R7	10/01/2020 Under **CPT/HCPCS Codes Group 1: Paragrap**h added verbiage regarding place of service "81" and "Independent Laboratory" to the first paragraph. Under **CPT/HCPCS Codes Group 1: Codes** deleted U0003 and U0004.
07/30/2020	R6	10/01/2020 Under **CPT/HCPCS Codes Group 1: Codes** added U0003 and U0004. Under **ICD-10 Codes that Support Medical Necessity Group 1: Paragraph** removed the verbiage "87631" and replaced it with "**CPT/HCPCS Codes Group 1: Codes**." This revision is due to the Q3 2020 CPT/HCPCS Code Update and is effective for dates of service on or after 7/1/2020. Under **CPT/HCPCS Codes Group 2: Codes** added 0151U. This revision is retroactive effective for dates of service on or after 7/30/2020.
07/30/2020	R5	07/30/2020- Under Article Text removed the verbiage from the second bullet point and added the verbiage "If the test does have a PLA code then submit the appropriate code". Removed the verbiage from the third bullet point and added the verbiage "Per the MolDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels L37764 LCD, tests that include more than 5 viral pathogens are non-covered. Included in this are 87632, 87633, and additional PLA codes listed in the **CPT/HCPCS Codes Group 2: Codes** section of this Billing and Coding article". Under **CPT/HCPCS Codes Group 1: Paragraph** added the word "only" and removed the verbiage "by a provider of any medical specialty for whom the ordering of this test is within the provider's scope of practice and institutional privileges" from the second sentence. Under **CPT/HCPCS Codes Group 1: Codes** removed codes 0098U, 0099U, 0100U and 0115U. Under **CPT/HCPCS Codes Group 2: Codes** added codes 0098U, 0099U, 0100U, 0115U, 0202U and 0223U. Under **ICD-10 Codes that Support Medical Necessity Group 1: Paragraph** removed the verbiage "0098U, 0099U, 0100U and 0115U" from the first sentence and added the word "diagnosis" to the second sentence. These PLA codes are non-covered as they are not consistent with language of the LCD.
04/01/2020	R4	05/28/2020- Under **ICD-10 Codes that Support Medical Necessity Group 1 Codes:** added U07.1. This revision is due to the Q2 2020 Code Update.
02/20/2020	R3	04/30/2020- Under **ICD-10 Codes that Support Medical Necessity Group 1: Codes** added B97.29, J09.X1, J09.X2, J09.X3, J09.X9, J12.0, J12.1, J12.3, J12.81, J12.89,

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		J12.9, J15.8, J16.8, J18.0, J18.1, J18.2, J18.8, J18.9, J20.8, R05, R06.2, R50.9, Z03.818, and Z20.828. This revision is retroactive effective for dates of service on or after 2/20/20.
01/01/2020	R2	03/26/2020- Under CPT/HCPCS Codes Group 1: Codes the description changed for 0100U. This revision is due to the Q1 2020 CPT/HCPCS Code Update and is effective for dates of service on or after 01/01/2020.
12/26/2019	R1	Under Article Text added the third bullet point verbiage "For dates of service on or after 10/01/2019, laboratories billing for services using GenMark® ePlex Respiratory Pathogen (RP) Panel should report 0115U. While this panel is able to report results for a specific number of pathogens, this contractor will interpret the use of 0115U to represent the use of a specific testing platform regardless of the number of pathogens reported by the laboratory". Under **CPT/HCPCS Codes Group 1 Codes:** added 0115U. Under **ICD-10 Codes that Support Medical Necessity Group 1 Paragraph:** added the verbiage "and 0115U". This revision is retroactive effective for dates of service on or after 10/01/2019 (CR 11406).

Associated Documents

Related Local Coverage Document(s)

Article(s)
A56169 - Response to Comments: MolDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels (DL37764)
LCD(s)
L37764 - MolDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels
DL37764
- (MCD Archive Site)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 03/23/2021 with effective dates 01/01/2021 - N/A
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Updated on 09/25/2020 with effective dates 10/01/2020 - N/A
Updated on 09/22/2020 with effective dates 07/30/2020 - N/A
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Keywords

N/A

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

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
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	STATE(S)
				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
A57484

Article Title
Billing and Coding: Vitamin D Assay Testing

Article Type
Billing and Coding

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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.

Italicized font - represents CMS national language/wording copied directly from CMS Manuals or CMS Transmittals. Contractors are prohibited from changing national language/wording.

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:

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 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:

ICD-10 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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
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
ICD-10 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)

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
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
ICD-10 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

ICD-10 CODE	DESCRIPTION
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
K76.89	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
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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
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
M36.0	Dermato(poly)myositis in neoplastic disease
ICD-10 CODE	DESCRIPTION
M60.811	Other myositis, right shoulder
M60.812	Other myositis, left shoulder

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
Z68.41	Body mass index [BMI]40.0-44.9, adult
ICD-10 CODE	DESCRIPTION
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
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:

ICD-10 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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
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
ICD-10 CODE	DESCRIPTION
E64.3	Sequelae of rickets
E67.2	Megavitamin-B6 syndrome
E67.8	Other specified hyperalimentation
E68	Sequelae of hyperalimentation

ICD-10 CODE	DESCRIPTION
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
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 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

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 policy does not apply to that Bill Type.Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy 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 policy, 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 policy 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
10/01/2020	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 Document(s)

LCD(s)

L34658 - Vitamin D Assay Testing

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

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 URL(s)

N/A

Public Version(s)

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