

Local Coverage Determination (LCD): Assays for Vitamins and Metabolic Function (L34914)

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)
Novitas Solutions, Inc.	A and B MAC	04111 - MAC A	J - H	Colorado
Novitas Solutions, Inc.	A and B MAC	04112 - MAC B	J - H	Colorado
Novitas Solutions, Inc.	A and B MAC	04211 - MAC A	J - H	New Mexico
Novitas Solutions, Inc.	A and B MAC	04212 - MAC B	J - H	New Mexico
Novitas Solutions, Inc.	A and B MAC	04311 - MAC A	J - H	Oklahoma
Novitas Solutions, Inc.	A and B MAC	04312 - MAC B	J - H	Oklahoma
Novitas Solutions, Inc.	A and B MAC	04411 - MAC A	J - H	Texas
Novitas Solutions, Inc.	A and B MAC	04412 - MAC B	J - H	Texas
Novitas Solutions, Inc.	A and B MAC	04911 - MAC A	J - H	Colorado New Mexico Oklahoma Texas
Novitas Solutions, Inc.	A and B MAC	07101 - MAC A	J - H	Arkansas
Novitas Solutions, Inc.	A and B MAC	07102 - MAC B	J - H	Arkansas
Novitas Solutions, Inc.	A and B MAC	07201 - MAC A	J - H	Louisiana
Novitas Solutions, Inc.	A and B MAC	07202 - MAC B	J - H	Louisiana
Novitas Solutions, Inc.	A and B MAC	07301 - MAC A	J - H	Mississippi
Novitas Solutions, Inc.	A and B MAC	07302 - MAC B	J - H	Mississippi
Novitas Solutions, Inc.	A and B MAC	12101 - MAC A	J - L	Delaware
Novitas Solutions, Inc.	A and B MAC	12102 - MAC B	J - L	Delaware
Novitas Solutions, Inc.	A and B MAC	12201 - MAC A	J - L	District of Columbia
Novitas Solutions, Inc.	A and B MAC	12202 - MAC B	J - L	District of Columbia
Novitas Solutions, Inc.	A and B MAC	12301 - MAC A	J - L	Maryland
Novitas Solutions, Inc.	A and B MAC	12302 - MAC B	J - L	Maryland
Novitas Solutions, Inc.	A and B MAC	12401 - MAC A	J - L	New Jersey
Novitas Solutions, Inc.	A and B MAC	12402 - MAC B	J - L	New Jersey
Novitas Solutions, Inc.	A and B MAC	12501 - MAC A	J - L	Pennsylvania
Novitas Solutions, Inc.	A and B MAC	12502 - MAC B	J - L	Pennsylvania
Novitas Solutions, Inc.	A and B MAC	12901 - MAC A	J - L	District of Columbia Delaware Maryland New Jersey Pennsylvania

[Back to Top](#)

LCD Information

Document Information

LCD ID
L34914

Original Effective Date
For services performed on or after 10/01/2015

Original ICD-9 LCD ID
[L32614](#)

Revision Effective Date
For services performed on or after 10/01/2017

LCD Title
Assays for Vitamins and Metabolic Function

Revision Ending Date
N/A

Proposed LCD in Comment Period
N/A

Retirement Date
N/A

Source Proposed LCD
N/A

Notice Period Start Date
06/16/2016

Notice Period End Date
08/03/2016

AMA CPT / ADA CDT / AHA NUBC Copyright Statement
CPT only copyright 2002-2018 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright © American Dental Association. All rights reserved. CDT and CDT-2016 are trademarks of the American Dental Association.

UB-04 Manual. OFFICIAL UB-04 DATA SPECIFICATIONS MANUAL, 2014, is copyrighted by American Hospital Association ("AHA"), Chicago, Illinois. No portion of OFFICIAL UB-04 MANUAL may be reproduced, sorted in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior express, written consent of AHA." Health Forum reserves the right to change the copyright notice from time to time upon written notice to Company.

CMS National Coverage Policy

This LCD supplements but does not replace, modify or supersede existing Medicare applicable National Coverage Determinations (NCDs) or payment policy rules and regulations for vitamins and metabolic function assay services. Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for vitamins and metabolic function assay services and must properly submit only valid claims for them. Please review and understand them and apply the medical necessity provisions in the policy within the context of the manual rules. Relevant CMS manual instructions and policies may be found in the following Internet-Only Manuals (IOMs) published on the CMS Web site:

IOM Citations:

- CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*,
 - Chapter 6, Section 20.4 Outpatient Diagnostic Services
 - Chapter 15, Section 80.1 Clinical Laboratory Services.
- CMS IOM Publication 100-03, *Medicare National Coverage Determinations Manual*, Chapter 1, Part 4, Section 230.19 Levocarnitine for use in the Treatment of Carnitine Deficiency in ESRD Patients.
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*,

- Chapter 16, Laboratory Services
- Chapter 23, Section 10 Reporting ICD Diagnosis and Procedure codes and Section 40 Clinical Diagnostic Laboratory Fee Schedule.
- CMS IOM Publication 100-09, *Medicare Contractor Beneficiary and Provider Communications Manual*, Chapter 5 Correct Coding Initiative.

Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.
- Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, Section 1862(a)(1)(D) states that no payment shall be made for any services that are considered investigational or experimental.
- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Notice: It is not appropriate to bill Medicare for services that are not covered (as described by this entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

Covered Indications

Medicare generally considers vitamin assay panels (more than one vitamin assay) a screening procedure and therefore, non-covered. Similarly, assays for micronutrient testing for nutritional deficiencies that include multiple tests for vitamins, minerals, antioxidants and various metabolic functions are never necessary. Medicare reimburses for covered clinical laboratory studies that are reasonable and necessary for the diagnosis or treatment of an illness. Many vitamin deficiency problems can be determined from a comprehensive history and physical examination. Any diagnostic evaluation should be targeted at the specific vitamin deficiency suspected and not a general screen. Most vitamin deficiencies are nutritional in origin and may be corrected with supplemented vitamins.

Most vitamin deficiencies are suggested by specific clinical findings. The presence of those specific clinical findings may prompt laboratory testing for evidence of a deficiency of that specific vitamin. Certain other clinical states may also lead to vitamin deficiencies (malabsorption syndromes, etc).

Limitations:

For Medicare beneficiaries, screening tests are governed by statute. Vitamin or micronutrient testing may not be used for routine screening.

Once a beneficiary has been shown to be vitamin deficient, further testing is medically necessary only to ensure adequate replacement has been accomplished. Thereafter, annual testing may be appropriate depending upon the indication and other mitigating factors.

The following tests are considered non-covered services:

- Assays of selenium (84255)
- Functional intracellular analysis (84999)
- Total antioxidant function (84999)
- Assays of vitamin testing, not otherwise classified* (84591)

*Note: Assays of vitamin testing, not otherwise classified (84591) is not covered since all clinically relevant

vitamins have specific assays.

Notice: This LCD imposes the following limitations to the tests addressed in this LCD. These limitations will support automated denials as follows:

- Noncovered as described above (84255, 84999, 84591)
- Diagnosis to procedure limitations only (86352)
- Frequency limitations* only (82180, 84252, 84425, 84446, 84590, 84597)
- Diagnosis to procedure and frequency limitations* (82306, 82652, 82379, 82607, 82746, 83090, 84207, 85385, 83698)

*Note: Please refer to the "Utilization Guidelines" section for an outline of the frequency limitations. Frequency limitations do not establish medical necessity for all testing but does reflect how the medical community uses the tests. Patterns of billing will be monitored for potential utilization of these tests for screening purposes, either by use of a single test or multiple tests together.

Notice: This LCD imposes frequency limitations as well as diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in this policy, the general requirements for medical necessity as stated in CMS payment policy manuals, any and all existing CMS national coverage determinations, and all Medicare payment rules.

As published in CMS IOM 100-08, Chapter 13, Section 13.5.1, in order to be covered under Medicare, a service shall be reasonable and necessary. When appropriate, contractors shall describe the circumstances under which the proposed LCD for the service is considered reasonable and necessary under Section 1862(a)(1)(A). Contractors shall consider a service to be reasonable and necessary if the contractor determines that the service is:

- Safe and effective.
- Not experimental or investigational (exception: routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 that meet the requirements of the Clinical Trials NCD are considered reasonable and necessary).
- Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is:
 - Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member.
 - Furnished in a setting appropriate to the patient's medical needs and condition.
 - Ordered and furnished by qualified personnel.
 - One that meets, but does not exceed, the patient's medical needs.
 - At least as beneficial as an existing and available medically appropriate alternative.

The redetermination process may be utilized for consideration of services performed outside of the reasonable and necessary requirements in this LCD.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

[Back to Top](#)

Coding Information

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.

012x Hospital Inpatient (Medicare Part B only)
013x Hospital Outpatient
014x Hospital - Laboratory Services Provided to Non-patients
018x Hospital - Swing Beds
021x Skilled Nursing - Inpatient (Including Medicare Part A)
022x Skilled Nursing - Inpatient (Medicare Part B only)
023x Skilled Nursing - Outpatient
072x Clinic - Hospital Based or Independent Renal Dialysis Center
075x Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF)
077x Clinic - Federally Qualified Health Center (FQHC)
083x Ambulatory Surgery Center
085x Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the 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.

Note: The contractor has identified the Bill Type and Revenue Codes applicable for use with the CPT/HCPCS codes included in this LCD. Providers are reminded that not all CPT/HCPCS codes listed can be billed with all Bill Type and/or Revenue Codes listed. CPT/HCPCS codes are required to be billed with specific Bill Type and Revenue Codes. Providers are encouraged to refer to the CMS Internet-Only Manual Publication 100-04, *Medicare Claims Processing Manual*, for further guidance.

030X Laboratory - General Classification

CPT/HCPCS Codes

Group 1 Paragraph:

Note: Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

Note:

Code 82306 includes fractions, if performed.

Code 82652 includes fractions, if performed.

Group 1 Codes:

82306 Vitamin d 25 hydroxy

82652 Vit d 1 25-dihydroxy

Group 2 Paragraph: N/A

Group 2 Codes:

82379 Assay of carnitine

Group 3 Paragraph: N/A

Group 3 Codes:

82607 Vitamin b-12
82746 Assay of folic acid serum
83090 Assay of homocystine

Group 4 Paragraph: N/A

Group 4 Codes:

84207 Assay of vitamin b-6

Group 5 Paragraph: N/A

Group 5 Codes:

85385 Fibrinogen antigen

Group 6 Paragraph: N/A

Group 6 Codes:

86352 Cell function assay w/stim

Group 7 Paragraph: N/A

Group 7 Codes:

83698 Assay lipoprotein pla2

Group 8 Paragraph:

Note: The following CPT/HCPCS codes associated with the services outlined in this policy **will not have diagnosis limitations applied at this time.** See the "Utilization Guidelines" section for frequency limitations.

Group 8 Codes:

82180 Assay of ascorbic acid
84252 Assay of vitamin b-2
84425 Assay of vitamin b-1
84446 Assay of vitamin e
84590 Assay of vitamin a
84597 Assay of vitamin k

Group 9 Paragraph:

The following CPT/HCPCS codes are non-covered.

***Note:** CPT code **84999** is non-covered when used to report functional intracellular analysis or total antioxidant function.

Group 9 Codes:

84255 Assay of selenium
84591 Assay of nos vitamin
84999 Clinical chemistry test

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Medicare is establishing the following limited coverage for **CPT/HCPCS codes 82306 and 82652:**

Covered for:

Group 1 Codes:**ICD-10 Codes****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
A15.9	Respiratory tuberculosis unspecified
A17.0	Tuberculous meningitis
A17.1	Meningeal tuberculoma
A17.81	Tuberculoma of brain and spinal cord
A17.82	Tuberculous meningoencephalitis
A17.83	Tuberculous neuritis
A17.89	Other tuberculosis of nervous system
A17.9	Tuberculosis of nervous system, unspecified
A18.01	Tuberculosis of spine
A18.02	Tuberculous arthritis of other joints
A18.03	Tuberculosis of other bones
A18.09	Other musculoskeletal tuberculosis
A18.10	Tuberculosis of genitourinary system, unspecified
A18.11	Tuberculosis of kidney and ureter
A18.12	Tuberculosis of bladder
A18.13	Tuberculosis of other urinary organs
A18.14	Tuberculosis of prostate
A18.15	Tuberculosis of other male genital organs
A18.16	Tuberculosis of cervix
A18.17	Tuberculous female pelvic inflammatory disease
A18.18	Tuberculosis of other female genital organs
A18.2	Tuberculous peripheral lymphadenopathy
A18.31	Tuberculous peritonitis
A18.32	Tuberculous enteritis
A18.39	Retroperitoneal tuberculosis
A18.4	Tuberculosis of skin and subcutaneous tissue
A18.50	Tuberculosis of eye, unspecified
A18.51	Tuberculous episcleritis
A18.52	Tuberculous keratitis
A18.53	Tuberculous chorioretinitis
A18.54	Tuberculous iridocyclitis
A18.59	Other tuberculosis of eye
A18.6	Tuberculosis of (inner) (middle) ear
A18.7	Tuberculosis of adrenal glands
A18.81	Tuberculosis of thyroid gland
A18.82	Tuberculosis of other endocrine glands
A18.83	Tuberculosis of digestive tract organs, not elsewhere classified
A18.84	Tuberculosis of heart
A18.85	Tuberculosis of spleen
A18.89	Tuberculosis of other sites
A19.0	Acute miliary tuberculosis of a single specified site
A19.1	Acute miliary tuberculosis of multiple sites
A19.2	Acute miliary tuberculosis, unspecified
A19.8	Other miliary tuberculosis
A19.9	Miliary tuberculosis, unspecified
B38.1 - B38.9	Chronic pulmonary coccidioidomycosis - Coccidioidomycosis, unspecified
B39.1 - B39.9	Chronic pulmonary histoplasmosis capsulati - Histoplasmosis, unspecified
C82.00 - C82.99	Follicular lymphoma grade I, unspecified site - Follicular lymphoma, unspecified, extranodal and solid organ sites
D86.0	Sarcoidosis of lung
D86.1	Sarcoidosis of lymph nodes
D86.2	Sarcoidosis of lung with sarcoidosis of lymph nodes

ICD-10 Codes	Description
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
D86.9	Sarcoidosis, unspecified
E20.0	Idiopathic hypoparathyroidism
E20.8	Other hypoparathyroidism
E20.9	Hypoparathyroidism, unspecified
E21.0	Primary hyperparathyroidism
E21.1	Secondary hyperparathyroidism, not elsewhere classified
E21.2	Other hyperparathyroidism
E21.3	Hyperparathyroidism, unspecified
E55.0	Rickets, active
E55.9	Vitamin D deficiency, unspecified
E67.3	Hypervitaminosis D
E67.8	Other specified hyperalimentation
E68	Sequelae of hyperalimentation
E83.30	Disorder of phosphorus metabolism, unspecified
E83.31	Familial hypophosphatemia
E83.32	Hereditary vitamin D-dependent rickets (type 1) (type 2)
E83.39	Other disorders of phosphorus metabolism
E83.51	Hypocalcemia
E83.52	Hypercalcemia
E83.59	Other disorders of calcium metabolism
E84.0	Cystic fibrosis with pulmonary manifestations
E84.19	Cystic fibrosis with other intestinal manifestations
E84.8	Cystic fibrosis with other manifestations
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
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding

ICD-10 Codes	Description
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
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
K51.919	Ulcerative colitis, unspecified with unspecified complications
K52.0	Gastroenteritis and colitis due to radiation
K70.2	Alcoholic fibrosis and sclerosis of liver
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites

ICD-10 Codes	Description
K74.0	Hepatic fibrosis
K74.3	Primary biliary cirrhosis
K74.4	Secondary biliary cirrhosis
K74.5	Biliary cirrhosis, unspecified
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K83.5	Biliary cyst
K83.8	Other specified diseases of biliary tract
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
K90.49	Malabsorption due to intolerance, not elsewhere classified
K90.81	Whipple's disease
K90.89	Other intestinal malabsorption
K90.9	Intestinal malabsorption, unspecified
K91.2	Postsurgical malabsorption, not elsewhere classified
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis
L40.50	Arthropathic psoriasis, unspecified
L40.51	Distal interphalangeal psoriatic arthropathy
L40.52	Psoriatic arthritis mutilans
L40.53	Psoriatic spondylitis
L40.54	Psoriatic juvenile arthropathy
L40.59	Other psoriatic arthropathy
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified
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
M32.9	Systemic lupus erythematosus, unspecified
M33.00	Juvenile dermatomyositis, organ involvement unspecified
M33.01	Juvenile dermatomyositis with respiratory involvement
M33.02	Juvenile dermatomyositis with myopathy
M33.09	Juvenile dermatomyositis with other organ involvement
M33.10	Other dermatomyositis, organ involvement unspecified
M33.11	Other dermatomyositis with respiratory involvement
M33.12	Other dermatomyositis with myopathy
M33.19	Other dermatomyositis with other organ involvement
M33.20	Polymyositis, organ involvement unspecified
M33.21	Polymyositis with respiratory involvement
M33.22	Polymyositis with myopathy
M33.29	Polymyositis with other organ involvement
M33.90	Dermatopolymyositis, unspecified, organ involvement unspecified
M33.91	Dermatopolymyositis, unspecified with respiratory involvement
M33.92	Dermatopolymyositis, unspecified with myopathy
M33.99	Dermatopolymyositis, unspecified with other organ involvement
M36.0	Dermato(poly)myositis in neoplastic disease

ICD-10 Codes**Description**

M60.80	Other myositis, unspecified site
M60.811	Other myositis, right shoulder
M60.812	Other myositis, left shoulder
M60.819	Other myositis, unspecified shoulder
M60.821	Other myositis, right upper arm
M60.822	Other myositis, left upper arm
M60.829	Other myositis, unspecified upper arm
M60.831	Other myositis, right forearm
M60.832	Other myositis, left forearm
M60.839	Other myositis, unspecified forearm
M60.841	Other myositis, right hand
M60.842	Other myositis, left hand
M60.849	Other myositis, unspecified hand
M60.851	Other myositis, right thigh
M60.852	Other myositis, left thigh
M60.859	Other myositis, unspecified thigh
M60.861	Other myositis, right lower leg
M60.862	Other myositis, left lower leg
M60.869	Other myositis, unspecified lower leg
M60.871	Other myositis, right ankle and foot
M60.872	Other myositis, left ankle and foot
M60.879	Other myositis, unspecified ankle and foot
M60.88	Other myositis, other site
M60.89	Other myositis, multiple sites
M60.9	Myositis, unspecified
M79.1	Myalgia
M79.7	Fibromyalgia
M80.00XA - M80.00XS	Age-related osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, unspecified site, sequela
M80.011A - M80.011S	Age-related osteoporosis with current pathological fracture, right shoulder, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, right shoulder, sequela
M80.012A - M80.012S	Age-related osteoporosis with current pathological fracture, left shoulder, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, left shoulder, sequela
M80.019A - M80.019S	Age-related osteoporosis with current pathological fracture, unspecified shoulder, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, unspecified shoulder, sequela
M80.021A - M80.021S	Age-related osteoporosis with current pathological fracture, right humerus, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, right humerus, sequela
M80.022A - M80.022S	Age-related osteoporosis with current pathological fracture, left humerus, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, left humerus, sequela
M80.029A - M80.029S	Age-related osteoporosis with current pathological fracture, unspecified humerus, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, unspecified humerus, sequela
M80.031A - M80.031S	Age-related osteoporosis with current pathological fracture, right forearm, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, right forearm, sequela
M80.032A - M80.032S	Age-related osteoporosis with current pathological fracture, left forearm, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, left forearm, sequela
M80.039A - M80.039S	Age-related osteoporosis with current pathological fracture, unspecified forearm, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, unspecified forearm, sequela
M80.041A - M80.041S	Age-related osteoporosis with current pathological fracture, right hand, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, right hand, sequela
M80.042A - M80.042S	Age-related osteoporosis with current pathological fracture, left hand, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, left hand, sequela
M80.049A - M80.049S	Age-related osteoporosis with current pathological fracture, unspecified hand, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, unspecified hand, sequela
M80.051A - M80.051S	Age-related osteoporosis with current pathological fracture, right femur, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, right femur, sequela
M80.052A - M80.052S	Age-related osteoporosis with current pathological fracture, left femur, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, left femur, sequela

ICD-10 Codes**Description**

M80.059A - M80.059S	Age-related osteoporosis with current pathological fracture, unspecified femur, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, unspecified femur, sequela
M80.061A - M80.061S	Age-related osteoporosis with current pathological fracture, right lower leg, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, right lower leg, sequela
M80.062A - M80.062S	Age-related osteoporosis with current pathological fracture, left lower leg, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, left lower leg, sequela
M80.069A - M80.069S	Age-related osteoporosis with current pathological fracture, unspecified lower leg, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, unspecified lower leg, sequela
M80.071A - M80.071S	Age-related osteoporosis with current pathological fracture, right ankle and foot, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, right ankle and foot, sequela
M80.072A - M80.072S	Age-related osteoporosis with current pathological fracture, left ankle and foot, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, left ankle and foot, sequela
M80.079A - M80.079S	Age-related osteoporosis with current pathological fracture, unspecified ankle and foot, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, unspecified ankle and foot, sequela
M80.08XA - M80.08XS	Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture - Age-related osteoporosis with current pathological fracture, vertebra(e), sequela
M80.80XA - M80.80XS	Other osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture - Other osteoporosis with current pathological fracture, unspecified site, sequela
M80.811A - M80.811S	Other osteoporosis with current pathological fracture, right shoulder, initial encounter for fracture - Other osteoporosis with current pathological fracture, right shoulder, sequela
M80.812A - M80.812S	Other osteoporosis with current pathological fracture, left shoulder, initial encounter for fracture - Other osteoporosis with current pathological fracture, left shoulder, sequela
M80.819A - M80.819S	Other osteoporosis with current pathological fracture, unspecified shoulder, initial encounter for fracture - Other osteoporosis with current pathological fracture, unspecified shoulder, sequela
M80.821A - M80.821S	Other osteoporosis with current pathological fracture, right humerus, initial encounter for fracture - Other osteoporosis with current pathological fracture, right humerus, sequela
M80.822A - M80.822S	Other osteoporosis with current pathological fracture, left humerus, initial encounter for fracture - Other osteoporosis with current pathological fracture, left humerus, sequela
M80.829A - M80.829S	Other osteoporosis with current pathological fracture, unspecified humerus, initial encounter for fracture - Other osteoporosis with current pathological fracture, unspecified humerus, sequela
M80.831A - M80.831S	Other osteoporosis with current pathological fracture, right forearm, initial encounter for fracture - Other osteoporosis with current pathological fracture, right forearm, sequela
M80.832A - M80.832S	Other osteoporosis with current pathological fracture, left forearm, initial encounter for fracture - Other osteoporosis with current pathological fracture, left forearm, sequela
M80.839A - M80.839S	Other osteoporosis with current pathological fracture, unspecified forearm, initial encounter for fracture - Other osteoporosis with current pathological fracture, unspecified forearm, sequela
M80.841A - M80.841S	Other osteoporosis with current pathological fracture, right hand, initial encounter for fracture - Other osteoporosis with current pathological fracture, right hand, sequela
M80.842A - M80.842S	Other osteoporosis with current pathological fracture, left hand, initial encounter for fracture - Other osteoporosis with current pathological fracture, left hand, sequela
M80.849A - M80.849S	Other osteoporosis with current pathological fracture, unspecified hand, initial encounter for fracture - Other osteoporosis with current pathological fracture, unspecified hand, sequela
M80.851A - M80.851S	Other osteoporosis with current pathological fracture, right femur, initial encounter for fracture - Other osteoporosis with current pathological fracture, right femur, sequela
M80.852A - M80.852S	Other osteoporosis with current pathological fracture, left femur, initial encounter for fracture - Other osteoporosis with current pathological fracture, left femur, sequela
M80.859A - M80.859S	Other osteoporosis with current pathological fracture, unspecified femur, initial encounter for fracture - Other osteoporosis with current pathological fracture, unspecified femur, sequela
M80.861A - M80.861S	Other osteoporosis with current pathological fracture, right lower leg, initial encounter for fracture - Other osteoporosis with current pathological fracture, right lower leg, sequela
M80.862A - M80.862S	Other osteoporosis with current pathological fracture, left lower leg, initial encounter for fracture - Other osteoporosis with current pathological fracture, left lower leg, sequela
M80.869A - M80.869S	Other osteoporosis with current pathological fracture, unspecified lower leg, initial encounter for fracture - Other osteoporosis with current pathological fracture, unspecified lower leg, sequela
M80.871A - M80.871S	Other osteoporosis with current pathological fracture, right ankle and foot, initial encounter for fracture - Other osteoporosis with current pathological fracture, right ankle and foot, sequela

ICD-10 Codes**Description**

M80.872A - M80.872S	Other osteoporosis with current pathological fracture, left ankle and foot, initial encounter for fracture - Other osteoporosis with current pathological fracture, left ankle and foot, sequela
M80.879A - M80.879S	Other osteoporosis with current pathological fracture, unspecified ankle and foot, initial encounter for fracture - Other osteoporosis with current pathological fracture, unspecified ankle and foot, sequela
M80.88XA - M80.88XS	Other osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture - Other osteoporosis with current pathological fracture, vertebra(e), sequela
M81.0	Age-related osteoporosis without current pathological fracture
M81.6	Localized osteoporosis [Lequesne]
M81.8	Other osteoporosis without current pathological fracture
M83.0	Puerperal osteomalacia
M83.1	Senile osteomalacia
M83.2	Adult osteomalacia due to malabsorption
M83.3	Adult osteomalacia due to malnutrition
M83.4	Aluminum bone disease
M83.5	Other drug-induced osteomalacia in adults
M83.8	Other adult osteomalacia
M83.9	Adult osteomalacia, unspecified
M85.80	Other specified disorders of bone density and structure, unspecified site
M85.9	Disorder of bone density and structure, unspecified
M89.9	Disorder of bone, unspecified
M94.9	Disorder of cartilage, unspecified
N18.3	Chronic kidney disease, stage 3 (moderate)
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
Z68.30 - Z68.45	Body mass index (BMI) 30.0-30.9, adult - 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:

Medicare is establishing the following limited coverage for **CPT/HCPCS code 82379**:

Covered for:**Group 2 Codes:****ICD-10 Codes****Description**

D63.1	Anemia in chronic kidney disease
E71.40	Disorder of carnitine metabolism, unspecified
E71.41	Primary carnitine deficiency
E71.42	Carnitine deficiency due to inborn errors of metabolism
E71.43	Iatrogenic carnitine deficiency
E71.440	Ruvalcaba-Myhre-Smith syndrome
E71.448	Other secondary carnitine deficiency
I95.3	Hypotension of hemodialysis

Group 3 Paragraph:

Medicare is establishing the following limited coverage for **CPT/HCPCS codes 82607, 82746 and 83090:**

Covered for:**Group 3 Codes:****ICD-10 Codes****Description**

D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D51.1	Vitamin B12 deficiency anemia due to selective vitamin B12 malabsorption with proteinuria
D51.2	Transcobalamin II deficiency
D51.3	Other dietary vitamin B12 deficiency anemia
D51.8	Other vitamin B12 deficiency anemias
D51.9	Vitamin B12 deficiency anemia, unspecified
D52.0	Dietary folate deficiency anemia
D52.1	Drug-induced folate deficiency anemia
D52.8	Other folate deficiency anemias
D52.9	Folate deficiency anemia, unspecified
D53.1	Other megaloblastic anemias, not elsewhere classified
D53.9	Nutritional anemia, unspecified
D69.6	Thrombocytopenia, unspecified
D81.818	Other biotin-dependent carboxylase deficiency
D81.819	Biotin-dependent carboxylase deficiency, unspecified
E41	Nutritional marasmus
E43	Unspecified severe protein-calorie malnutrition
E45	Retarded development following protein-calorie malnutrition
E46	Unspecified protein-calorie malnutrition
E53.8	Deficiency of other specified B group vitamins
E64.0	Sequelae of protein-calorie malnutrition
E72.10	Disorders of sulfur-bearing amino-acid metabolism, unspecified
E72.11	Homocystinuria
E72.12	Methylenetetrahydrofolate reductase deficiency
E72.19	Other disorders of sulfur-bearing amino-acid metabolism
F03.90	Unspecified dementia without behavioral disturbance
F03.91	Unspecified dementia with behavioral disturbance
F10.20	Alcohol dependence, uncomplicated
G25.70	Drug induced movement disorder, unspecified
G25.71	Drug induced akathisia
G25.79	Other drug induced movement disorders
G25.89	Other specified extrapyramidal and movement disorders
G25.9	Extrapyramidal and movement disorder, unspecified
G26	Extrapyramidal and movement disorders in diseases classified elsewhere
G30.0	Alzheimer's disease with early onset
G30.1	Alzheimer's disease with late onset
G30.8	Other Alzheimer's disease
G30.9	Alzheimer's disease, unspecified
G60.3	Idiopathic progressive neuropathy
G60.9	Hereditary and idiopathic neuropathy, unspecified
K14.0	Glossitis
K14.6	Glossodynia
K31.83	Achlorhydria
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

ICD-10 Codes	Description
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K90.0	Celiac disease
K90.1	Tropical sprue
K90.2	Blind loop syndrome, not elsewhere classified
K90.3	Pancreatic steatorrhea
K90.49	Malabsorption due to intolerance, not elsewhere classified
K90.81	Whipple's disease
K90.89	Other intestinal malabsorption
K90.9	Intestinal malabsorption, unspecified
K91.2	Postsurgical malabsorption, not elsewhere classified
R20.0	Anesthesia of skin
R20.1	Hypoesthesia of skin
R20.2	Paresthesia of skin
R20.3	Hyperesthesia
R20.8	Other disturbances of skin sensation
R20.9	Unspecified disturbances of skin sensation
R26.0	Ataxic gait
R26.1	Paralytic gait
R26.81	Unsteadiness on feet
R26.89	Other abnormalities of gait and mobility
R26.9	Unspecified abnormalities of gait and mobility
R27.0	Ataxia, unspecified
R27.8	Other lack of coordination
R27.9	Unspecified lack of coordination
R41.1	Anterograde amnesia
R41.2	Retrograde amnesia
R41.3	Other amnesia
R41.82	Altered mental status, unspecified
R41.9	Unspecified symptoms and signs involving cognitive functions and awareness
R45.84	Anhedonia
Z51.11	Encounter for antineoplastic chemotherapy
Z79.3	Long term (current) use of hormonal contraceptives
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy
Z86.39	Personal history of other endocrine, nutritional and metabolic disease
Z98.0	Intestinal bypass and anastomosis status
Z99.2	Dependence on renal dialysis

Group 4 Paragraph:

Medicare is establishing the following limited coverage for **CPT/HCPCS code 84207**:

Covered for:**Group 4 Codes:**

ICD-10 Codes	Description
D64.0	Hereditary sideroblastic anemia
D64.1	Secondary sideroblastic anemia due to disease
D64.2	Secondary sideroblastic anemia due to drugs and toxins
D64.3	Other sideroblastic anemias
E53.1	Pyridoxine deficiency
E67.2	Megavitamin-B6 syndrome
E83.39	Other disorders of phosphorus metabolism
G25.70	Drug induced movement disorder, unspecified
G25.71	Drug induced akathisia
G25.79	Other drug induced movement disorders
G25.89	Other specified extrapyramidal and movement disorders
G25.9	Extrapyramidal and movement disorder, unspecified
G26	Extrapyramidal and movement disorders in diseases classified elsewhere
G60.9	Hereditary and idiopathic neuropathy, unspecified
K14.0	Glossitis
R74.8	Abnormal levels of other serum enzymes

Group 5 Paragraph:

Medicare is establishing the following limited coverage for **CPT/HCPCS code 85385**:

Covered for:**Group 5 Codes:**

ICD-10 Codes	Description
D47.3	Essential (hemorrhagic) thrombocythemia
D65	Disseminated intravascular coagulation [defibrination syndrome]
D68.2	Hereditary deficiency of other clotting factors
D68.32	Hemorrhagic disorder due to extrinsic circulating anticoagulants
D68.4	Acquired coagulation factor deficiency
D69.3	Immune thrombocytopenic purpura
D69.41	Evans syndrome
D69.42	Congenital and hereditary thrombocytopenia purpura
D69.49	Other primary thrombocytopenia
D69.51	Posttransfusion purpura
D69.59	Other secondary thrombocytopenia
D69.6	Thrombocytopenia, unspecified
R79.1	Abnormal coagulation profile

Group 6 Paragraph:

Medicare is establishing the following limited coverage for **CPT/HCPCS code 86352**

Covered for:**Group 6 Codes:**

ICD-10 Codes	Description
D81.4	Nezelof's syndrome

ICD-10 Codes	Description
D82.0	Wiskott-Aldrich syndrome
D82.1	Di George's syndrome
D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
T86.00	Unspecified complication of bone marrow transplant
T86.01	Bone marrow transplant rejection
T86.02	Bone marrow transplant failure
T86.03	Bone marrow transplant infection
T86.09	Other complications of bone marrow transplant
T86.10	Unspecified complication of kidney transplant
T86.11	Kidney transplant rejection
T86.12	Kidney transplant failure
T86.13	Kidney transplant infection
T86.19	Other complication of kidney transplant
T86.20	Unspecified complication of heart transplant
T86.21	Heart transplant rejection
T86.22	Heart transplant failure
T86.23	Heart transplant infection
T86.290	Cardiac allograft vasculopathy
T86.298	Other complications of heart transplant
T86.30	Unspecified complication of heart-lung transplant
T86.31	Heart-lung transplant rejection
T86.32	Heart-lung transplant failure
T86.33	Heart-lung transplant infection
T86.39	Other complications of heart-lung transplant
T86.40	Unspecified complication of liver transplant
T86.41	Liver transplant rejection
T86.42	Liver transplant failure
T86.43	Liver transplant infection
T86.49	Other complications of liver transplant
T86.5	Complications of stem cell transplant
T86.810	Lung transplant rejection
T86.811	Lung transplant failure
T86.812	Lung transplant infection
T86.818	Other complications of lung transplant
T86.819	Unspecified complication of lung transplant
T86.850	Intestine transplant rejection
T86.851	Intestine transplant failure
T86.852	Intestine transplant infection
T86.858	Other complications of intestine transplant
T86.859	Unspecified complication of intestine transplant
T86.890	Other transplanted tissue rejection
T86.891	Other transplanted tissue failure
T86.892	Other transplanted tissue infection
T86.898	Other complications of other transplanted tissue
T86.899	Unspecified complication of other transplanted tissue
Z48.21	Encounter for aftercare following heart transplant
Z48.22	Encounter for aftercare following kidney transplant
Z48.23	Encounter for aftercare following liver transplant
Z48.24	Encounter for aftercare following lung transplant
Z48.280	Encounter for aftercare following heart-lung transplant
Z48.290	Encounter for aftercare following bone marrow transplant
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
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status

ICD-10 Codes	Description
Z94.83	Pancreas transplant status

Group 7 Paragraph:

Medicare is establishing the following limited coverage for **CPT/HCPCS code 83698**:

Covered for:

Group 7 Codes:

ICD-10 Codes	Description
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.9	Type 2 diabetes mellitus without complications
E13.9	Other specified diabetes mellitus without complications
E78.00	Pure hypercholesterolemia, unspecified
E78.01	Familial hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.3	Hyperchylomicronemia
E78.4	Other hyperlipidemia
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

All those not listed under the "ICD-10 Codes that Support Medical Necessity" section of this policy

Group 1 Codes: N/A

ICD-10 Additional Information [Back to Top](#)

General Information

Associated Information

Documentation Requirements

1. All documentation must be maintained in the patient’s medical record and made 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 documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
4. The medical record documentation must support the medical necessity of the services as directed in this policy.

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

Medicare recognizes certain tests may exceed the stated frequencies. Should a denial occur, additional documentation can be submitted to support medical necessity. Payment for additional tests may be allowed in selected circumstances when, upon medical review, the medical necessity of additional services is demonstrated.

Following a review of utilization data at various percentiles of units billed per year, the following frequency limitations are established and are as follows:

82180 (Assay of ascorbic acid) 1 time per year
82306 (Vitamin d 25 hydroxy) up to 3 times per year
82379 (Assay of carnitine) up to 3 times per year
82607 (Vitamin b-12) up to 3 times per year
82652 (Vit d 1 25-dihydroxy) up to 2 times per year
82746 (Assay of folic acid serum) up to 3 times per year
83090 (Assay of homocysteine) 1 time per year
83698 (Assay lipoprotein pla2) 1 time per year
84207 (Assay of vitamin b-6) 1 time per year
84252 (Assay of vitamin b-2) 1 time per year
84425 (Assay of vitamin b-1) 1 time per year
84446 (Assay of vitamin e) 1 time per year
84590 (Assay of vitamin a) 1 time per year
84597 (Assay of vitamin k) 1 time per year
85385 (Fibrinogen antigen) up to 3 times per year
86352 (Cell function assay w/stim) frequencies not determined

Notice: This LCD imposes utilization guideline limitations. Despite Medicare's allowing up to these maximums, each patient's condition and response to treatment must medically warrant the number of services reported for payment. Medicare requires the medical necessity for each service reported to be clearly demonstrated in the patient's medical record. Medicare expects that patients will not routinely require the maximum allowable number of services.

Sources of Information

Contractor is not responsible for the continued viability of websites listed.

Albert MA, et al. The Effect of Statin Therapy on Lipoprotein Associated Phospholipase A2 Levels. *Atherosclerosis* 2005; 182: pp. 193–198.

Anderson, JL. Lipoprotein-Associated Phospholipid A2: An Independent Predictor of Coronary Artery Disease Events in Primary and Secondary Prevention. *Am J Cardiol* 2008 Jun 16; 101(12A): 23F-33F.

American College of Cardiology and American Heart Association, ACC/AHA 2002 Guideline Update for Management of Patients with Chronic Stable Angina, *Circulation*, 2003, 107: pp. 1–10.

Centers for Medicare & Medicaid Services, Levocarnitine for Use in the Treatment of Carnitine Deficiency in ESRD Patients, Program Memorandum Transmittal AB-02-165, November 8, 2002.

Colley KJ, Wolfert RL, Cobble ME. Lipoprotein associated phospholipase A2: role in atherosclerosis and utility as a biomarker for cardiovascular risk. *EPMA J*. 2011 Mar;2(1):27-38.

Lp-PLA(2) Studies Collaboration, Thompson A, Gao P, et al. Lipoprotein-associated phospholipase A2 and risk of coronary disease, stroke, and mortality: collaborative analysis of 32 prospective studies. *Lancet*. 2010 May 1;375(9725):1536-44.

Davidson MH, Corson MA, Alberts MJ, et al. Consensus Panel Recommendation For Incorporating Lipoprotein-Associated Phospholipase A2 Testing into Cardiovascular Disease Risk Assessment Guidelines. *Am J Cardiol*. 2008 Jun 16;101(12A):51F-57F.

Epps KC, Wilensky RL. Lp-PLA2- a novel risk factor for high-risk coronary and carotid artery disease. *J Intern Med*. 2011 Jan;269(1):94-106.

Federal Register, Vol. 66, No. 226, November 23, 2001, pp. 58788–58890.

Hackam, DG, Anand SS. Emerging Risk Factors for Atherosclerotic Vascular Disease. *JAMA*, 2003, 290: pp. 932–940.

Holick, MF et al. Evaluation, Treatment, and Prevention of Vitamin D Deficiency: An Endocrine Society Clinical Practice Guidelines. *Journal of Clinical Endocrinology and Metabolism* 2011 Jan; 96(7):1911-1930.

Homocysteine Studies Collaboration. Homocysteine and Risk of Ischemic Heart Disease and Stroke: A

Metaanalysis. *JAMA* 288 (16): pp. 2015–22, 2002.

Hypophosphatasia. Review. <https://ghr.nlm.nih.gov/condition/hypophosphatasia>

Jacobs DS, DeMott WR, Oxley DK. Jacobs and DeMott. *Laboratory Test Handbook with Key Word Index*, 5th Edition.

Kelly JL et al. Vitamin D and Non-Hodgkin Lymphoma Risk in Adults: A Review. *Clinical Invest.* 2009 November; 27(9): 942-951.

Kowalshi RJ, et al. Assessing Relative Risks of Infection and Rejection: A Meta-Analysis Using an Immune Function Assay (manuscript accepted for publication in *Transplantation*, April 25, 2006).

Pasternak RC, Abrams J, Greenland P, et al. 34th Bethesda Conference: Task Force #1--Identification of Coronary Heart Disease Risk: Is There a Detection Gap? *J Am Coll Cardiol.* 2003 Jun 4;41(11):1863-74.

Pitt B, Waters D, Brown WV, et al. Aggressive lipid-lowering therapy compared with angioplasty in stable coronary artery disease. Atorvastatin versus Revascularization Treatment Investigators. *N Engl J Med.* 1999 Jul 8;341(2):70-6.

Tikkanen MJ, Szarek M, Fayyad R, et al. Total Cardiovascular Disease Burden: Comparing Intensive With Moderate Statin Therapy Insights From the IDEAL (Incremental Decrease in End Points Through Aggressive Lipid Lowering) Trial. *J Am Coll Cardiol.* 2009 Dec 15;54(25):2353-7.

Timbie JW, Hayward RA, Vijan S. Variation in the Net Benefit Of Aggressive Cardiovascular Risk Factor Control Across the US Population Of Patients With Diabetes Mellitus. *Arch Intern Med.* 2010 Jun 28;170(12):1037-44.

Novitas Solutions, Inc. Local Coverage Determination (LCD): Vitamin D Assay Testing (L34888)

Other Contractor Policies

Palmetto GBA Local Coverage Determination (LCD): Assays for Vitamins and Metabolic Function (L33418)

Palmetto GBA Local Coverage Determination (LCD): MoIDX: Biomarkers in Cardiovascular Risk Assessment (L36129)

Noridian Healthcare Solutions, LLC Local Coverage Determination (LCD): Non Covered Services (L36219)

National Government Services, LCD on Vitamin D assay testing (L29510).

Noridian Local Medical Review Policy, "Folic Acid, Serum."

Texas Local Medical Review Policy, "Vitamin Assay."

Refer to the NCDs for the procedure code list of ICD-10-CM codes that support medical necessity: <http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10.html>

Contractor Medical Directors

Bibliography

N/A

[Back to Top](#)

Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2017	R10		

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		LCD revised and published on 10/05/2017 effective for dates of service on and after 10/01/2017 to reflect the Annual ICD-10-CM Code Updates. The following ICD-10-CM codes have undergone a descriptor change: Group 1 codes M33.00, M33.01, M33.02, M33.09, M33.10, M33.11, M33.12, and M33.19.	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
		At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; therefore, not all the fields included on the LCD are applicable as noted in this policy.	
02/03/2017	R9	LCD revised and published on 04/13/2017 effective for dates of service on and after 02/03/2017 to add ICD-10 code M85.80 as a covered diagnosis to the Group 1 codes. Reformatted the CPT code groups to align with their respective ICD-10 code groups. Added short descriptors to the CPT Codes in the Utilization Guidelines.	<ul style="list-style-type: none"> Other (Inquiry Clarification)
10/01/2016	R8	LCD revised and published on 10/13/2016 effective for dates of service on and after 10/01/2016 to reflect the ICD-10 Annual Code Updates. The following ICD-10 code has been added to the LCD Group 1 codes: K90.49.	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2016	R7	LCD revised and published on 09/29/2016 effective for dates of service on and after 10/01/2016 to reflect the ICD-10 Annual Code Updates. The following ICD-10 code(s) have been deleted and therefore removed from the LCD: Group 1 code K90.4, Group 3 code K90.4 and Group 7 code E78.0. The following ICD-10 code(s) have been added to the LCD: Group 3 code K90.49 and Group 7 codes E78.00 and E78.01.	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
08/04/2016	R6	The following ICD-10-CM diagnoses codes were added to the Group 7 codes as covered diagnoses: E11.65, E11.9, E13.9, E78.0, E78.1, E78.2, E78.3, and E78.4.	<ul style="list-style-type: none"> Other (Clarification)
08/04/2016	R5	LCD posted for notice on 06/16/2016. LCD becomes effective for dates of service on and after 08/04/2016.	<ul style="list-style-type: none"> Aberrant Local Utilization
		01/22/2016 DL34914 Draft LCD posted for comment.	
04/07/2016	R4	LCD revised and published on 04/14/2016 effective for dates of service on and after 04/07/2016 to remove CPT code 86141 (hsCRP) from this LCD. Refer to LCD L34856 for coverage of CPT code 86141.	<ul style="list-style-type: none"> Other (Clarification)
10/01/2015	R3	LCD revised and published on 02/11/2016 effective for dates of service on and after 10/01/2015 to add several ICD-10 codes as covered diagnoses. E55.0 added to Group 1, E44.0; F03.90; G30.0; G30.1; G30.8; G30.9; K14.0; K31.8; K50.012-K50.014; K50.112-K50.114; K50.812-K50.814; K50.912-K50.914; R20.0-R20.9 and R41.82 added to Group 3, D64.0-D64.3 and K14.0 added to Group 4, D69.49 added to Group 5, Z94.3 added to Group 6, E11.65; E11.9; E13.9; E78.0-E78.5; I25.110-I25.119 and I25.84 added to Group 7, and E78.0 added to Group 8.	<ul style="list-style-type: none"> Other (Inquiry, Clarification)
10/01/2015	R2	LCD revised and published 10/29/2015 effective for dates of service 10/01/2015 and after to add additional ICD-10 codes with higher specificity.	<ul style="list-style-type: none"> Other (Clarification)
10/01/2015	R1	LCD revised and published on 10/08/2015 to remove CPT code 86353 from the Diagnosis Code Group 6. Notation for NCD 190.8 added.	<ul style="list-style-type: none"> NCD Supplementation

[Back to Top](#)

[Associated Documents](#)

Attachments N/A

Related Local Coverage Documents N/A

Printed on 2/2/2018. Page 21 of 22

Related National Coverage Documents N/A

Public Version(s) Updated on 09/29/2017 with effective dates 10/01/2017 - N/A [Updated on 04/06/2017 with effective dates 02/03/2017 - 09/30/2017](#) [Updated on 10/06/2016 with effective dates 10/01/2016 - 02/02/2017](#) [Updated on 09/22/2016 with effective dates 10/01/2016 - N/A](#) Some older versions have been archived. Please visit the [MCD Archive Site](#) to retrieve them. [Back to Top](#)

Keywords

N/A Read the [LCD Disclaimer](#) [Back to Top](#)