

NEW YORK - ENTIRE STATE - MAC - PART A - NGS
LABORATORY - TABLE OF CONTENTS

CPT to LCD ID CodeMap® Mappings	2
L25639-Erythrocyte Sedimentation Rate (ESR).....	4
L25650-Homocysteine Level, Serum	20
L25879-Acid Phosphatase.....	31
L26375-B-type Natriuretic Peptide (BNP) Testing	41
L26402-Colorectal Cancer Screening	51
L26445-High Sensitivity C-Reactive Protein (hsCRP) Testing	63
L27348-Immunohistochemistry.....	72
L27352-Lipid Profile/Cholesterol Testing.....	102
L27357-Prostate Specific Antigen (PSA).....	121
L27375-Serum Magnesium Testing	132
L27377-Hepatic Function Panel	159
L27386-Flow Cytometry	188
L28145-Qualitative Drug Screening	209
L28192-Beta2-Microglobulin Testing.....	218
L28209-Ionized Calcium.....	225
L28427-Viral Hepatitis Serology Tests	231
L28443-Parathormone (Parathyroid Hormone, PTH, Immunoreactive PTH)	241
L28463-RAST Type Tests	253
L28535-Syphilis Tests.....	259
L29508-Human Papillomavirus (HPV) Testing	269
L29510-Vitamin D Assay Testing	274
L30174-Prothrombin Time (PT)	283
L30179-Partial Thromboplastin Time (PTT)	345

CPT to LCD ID CodeMap® Mappings

CPT.....	LCD ID
80061.....	L27352
80076.....	L27377
80100.....	L28145
80102.....	L28145
82172.....	L27352
82232.....	L28192
82270.....	L26402
82306.....	L29510
82330.....	L28209
82465.....	L27352
83090.....	L25650
83700.....	L27352
83701.....	L27352
83704.....	L27352
83718.....	L27352
83719.....	L27352
83721.....	L27352
83735.....	L27375
83880.....	L26375
83970.....	L28443
84060.....	L25879
84066.....	L25879
84152.....	L27357
84153.....	L27357
84154.....	L27357
84478.....	L27352
85610.....	L30174
85651.....	L25639
85652.....	L25639
85730.....	L30179
86001.....	L28463
86003.....	L28463
86005.....	L28463
86141.....	L26445
86355.....	L27386
86356.....	L27386
86357.....	L27386
86359.....	L27386
86360.....	L27386
86361.....	L27386

CPT.....	LCD ID
86367.....	L27386
86592.....	L28535
86593.....	L28535
86692.....	L28427
86704.....	L28427
86705.....	L28427
86706.....	L28427
86707.....	L28427
86708.....	L28427
86709.....	L28427
86780.....	L28535
86803.....	L28427
86804.....	L28427
87164.....	L28535
87166.....	L28535
87285.....	L28535
87340.....	L28427
87341.....	L28427
87350.....	L28427
87380.....	L28427
87621.....	L29508
88182.....	L27386
88184.....	L27386
88185.....	L27386
88187.....	L27386
88188.....	L27386
88189.....	L27386
88342.....	L27348
G0103.....	L27357
G0328.....	L26402

LCD ID Number: L25639

LCD Title: Erythrocyte Sedimentation Rate (ESR)

Contractor's Determination Number: L25639 (R6)

CMS National Coverage Policy:

Language quoted from Center for Medicare and Medicaid (CMS) National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

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.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS Publications:

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15
80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other
Diagnostic Tests

Code of Federal Regulations:

42 CFR 410.32 – Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions

CMS Transmittal No. 1770, Publication 100 – 04, *Medicare Claims Processing Manual*, Change Request #6520, July 10, 2009, Medicare Contractor Annual Update of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM).

Primary Geographic Jurisdiction: New York - Entire State

Original Determination Effective Date: 12/01/2007

Revision Effective Date: 10/01/2009

Indications and Limitations of Coverage and/or Medical Necessity:

Abstract:

Erythrocyte sedimentation rate (ESR) is the rate at which red blood cells settle in a capillary tube of venous blood. This test is based on the fact that inflammatory and necrotic processes cause alteration in plasma proteins, resulting in aggregation of erythrocytes. It is a nonspecific test (not considered diagnostic for any particular organ, disease or injury). It is most often used to monitor the progress of infectious, autoimmune or connective tissue diseases.

Indications:

Medicare will consider an ESR medically necessary when it is performed for the evaluation of any of the following conditions

- Aiding in the diagnosis of temporal arteritis (giant cell arteritis) and polymyalgia rheumatica
- Monitoring disease activity in temporal arteritis and polymyalgia rheumatica for the principal indication of adjusting the dosage of corticosteroids
- Monitoring patients with treated Hodgkin's disease and Non-Hodgkin's lymphomas.
- Monitoring patients with autoimmune diseases, inflammatory disorders caused by infection, or connective tissue diseases.

Other Comments:

For claims submitted to the fiscal intermediary or Part A MAC: This coverage determination also applies within states outside the primary geographic jurisdiction with facilities that have nominated National Government Services to process their claims.

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

Limitation of liability and refund requirements apply when denials are anticipated, 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.

Notice to beneficiaries related to discharge and coverage notification, as described in CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 1, Sections 60 – 60.1.1, applies.

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 ERYTHROCYTE SEDIMENTATION RATE (ESR) services as authorized by State law. (See Sections 1861(s)(2) and 1862(a)(14) of Title XVIII of the Social Security Act; 42 CFR, Sections 410.74, 410.75, 410.76 and 419.22; 58 FR 18543, April 7, 2000.)

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.

11	Hospital-inpatient (including Part A)
12	Hospital-inpatient or home health visits (Part B only)
13	Hospital-outpatient (HHA-A also) (under OPPS 13X must be used for ASC claims submitted for OPPS payment -- eff. 7/00)
14	Non-Patient Laboratory Specimens
85	Special facility or ASC surgery-rural primary care hospital (eff 10/94)

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.

CPT/HCPCS Codes:

85651	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED
85652	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED

ICD-9 Codes that Support Medical Necessity:

It is the responsibility of the provider to code to the highest level specified in the ICD-9-CM (e.g., to the fourth or fifth digit). The correct use of an ICD-9-CM code listed below

does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

- 200.20 Burkitt's tumor or lymphoma, unspecified site, extranodal and solid organ sites
- 200.21 Burkitt's tumor or lymphoma of lymph nodes of head, face, and neck
- 200.22 Burkitt's tumor or lymphoma of intrathoracic lymph nodes
- 200.23 Burkitt's tumor or lymphoma of intra-abdominal lymph nodes
- 200.24 Burkitt's tumor or lymphoma of lymph nodes of axilla and upper limb
- 200.25 Burkitt's tumor or lymphoma of lymph nodes of inguinal region and lower limb
- 200.26 Burkitt's tumor or lymphoma of intrapelvic lymph nodes
- 200.27 Burkitt's tumor or lymphoma of spleen
- 200.28 Burkitt's tumor or lymphoma, lymph nodes of multiple sites
- 200.30 Marginal zone lymphoma, unspecified site, extranodal and solid organ sites
- 200.31 Marginal zone lymphoma, lymph nodes of head, face, and neck
- 200.32 Marginal zone lymphoma, intrathoracic lymph nodes
- 200.33 Marginal zone lymphoma, intraabdominal lymph nodes
- 200.34 Marginal zone lymphoma, lymph nodes of axilla and upper limb
- 200.35 Marginal zone lymphoma, lymph nodes of inguinal region and lower limb
- 200.36 Marginal zone lymphoma, intrapelvic lymph nodes
- 200.37 Marginal zone lymphoma, spleen
- 200.38 Marginal zone lymphoma, lymph nodes of multiple sites
- 200.40 Mantle cell lymphoma, unspecified site, extranodal and solid organ sites
- 200.41 Mantle cell lymphoma, lymph nodes of head, face, and neck
- 200.42 Mantle cell lymphoma, intrathoracic lymph nodes
- 200.43 Mantle cell lymphoma, intra-abdominal lymph nodes
- 200.44 Mantle cell lymphoma, lymph nodes of axilla and upper limb
- 200.45 Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
- 200.46 Mantle cell lymphoma, intrapelvic lymph nodes
- 200.47 Mantle cell lymphoma, spleen
- 200.48 Mantle cell lymphoma, lymph nodes of multiple sites
- 200.50 Primary central nervous system lymphoma, unspecified site, extranodal and solid organ sites
- 200.51 Primary central nervous system lymphoma, lymph nodes of head, face, and neck
- 200.52 Primary central nervous system lymphoma, intrathoracic lymph nodes
- 200.53 Primary central nervous system lymphoma, intra-abdominal lymph nodes
- 200.54 Primary central nervous system lymphoma, lymph nodes of axilla and upper limb
- 200.55 Primary central nervous system lymphoma, lymph nodes of inguinal region and lower limb
- 200.56 Primary central nervous system lymphoma, intrapelvic lymph nodes
- 200.57 Primary central nervous system lymphoma, spleen
- 200.58 Primary central nervous system lymphoma, lymph nodes of multiple sites
- 200.60 Anaplastic large cell lymphoma, unspecified site, extranodal and solid organ sites
- 200.61 Anaplastic large cell lymphoma, lymph nodes of head, face, and neck
- 200.62 Anaplastic large cell lymphoma, intrathoracic lymph nodes
- 200.63 Anaplastic large cell lymphoma, intra-abdominal lymph nodes
- 200.64 Anaplastic large cell lymphoma, lymph nodes of axilla and upper limb
- 200.65 Anaplastic large cell lymphoma, lymph nodes of inguinal region and lower limb

- 200.66 Anaplastic large cell lymphoma, intrapelvic lymph nodes
- 200.67 Anaplastic large cell lymphoma, spleen
- 200.68 Anaplastic large cell lymphoma, lymph nodes of multiple sites
- 200.70 Large cell lymphoma, unspecified site, extranodal and solid organ sites
- 200.71 Large cell lymphoma, lymph nodes of head, face, and neck
- 200.72 Large cell lymphoma, intrathoracic lymph nodes
- 200.73 Large cell lymphoma, intra-abdominal lymph nodes
- 200.74 Large cell lymphoma, lymph nodes of axilla and upper limb
- 200.75 Large cell lymphoma, lymph nodes of inguinal region and lower limb
- 200.76 Large cell lymphoma, intrapelvic lymph nodes
- 200.77 Large cell lymphoma, spleen
- 200.78 Large cell lymphoma, lymph nodes of multiple sites
- 200.80 Other named variants of lymphosarcoma and reticulosarcoma, unspecified site, extranodal and solid organ sites
- 200.81 Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of head, face, and neck
- 200.82 Other named variants of lymphosarcoma and reticulosarcoma of intrathoracic lymph nodes
- 200.83 Other named variants of lymphosarcoma and reticulosarcoma of intra-abdominal lymph nodes
- 200.84 Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of axilla and upper limb
- 200.85 Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of inguinal region and lower limb
- 200.86 Other named variants of lymphosarcoma and reticulosarcoma of intrapelvic lymph nodes
- 200.87 Other named variants of lymphosarcoma and reticulosarcoma of spleen
- 200.88 Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes, multiple sites
- 201.00 Hodgkin's paragranuloma, unspecified site, extranodal and solid organ sites
- 201.01 Hodgkin's paragranuloma of lymph nodes of head, face, and neck
- 201.02 Hodgkin's paragranuloma of intrathoracic lymph nodes
- 201.03 Hodgkin's paragranuloma of intra-abdominal lymph nodes
- 201.04 Hodgkin's paragranuloma of lymph nodes of axilla and upper limb
- 201.05 Hodgkin's paragranuloma of lymph nodes of inguinal region and lower limb
- 201.06 Hodgkin's paragranuloma of intrapelvic lymph nodes
- 201.07 Hodgkin's paragranuloma of spleen
- 201.08 Hodgkin's paragranuloma, lymph nodes at multiple sites
- 201.10 Hodgkin's granuloma, unspecified site, extranodal and solid organ sites
- 201.11 Hodgkin's granuloma of lymph nodes of head, face, and neck
- 201.12 Hodgkin's granuloma of intrathoracic lymph nodes
- 201.13 Hodgkin's granuloma of intra-abdominal lymph nodes
- 201.14 Hodgkin's granuloma of lymph nodes of axilla and upper limb
- 201.15 Hodgkin's granuloma of lymph nodes of inguinal region and lower limb
- 201.16 Hodgkin's granuloma of intrapelvic lymph nodes
- 201.17 Hodgkin's granuloma of spleen
- 201.18 Hodgkin's granuloma of lymph nodes at multiple sites
- 201.20 Hodgkin's sarcoma, unspecified site, extranodal and solid organ sites

- 201.21 Hodgkin's sarcoma of lymph nodes of head, face, and neck
- 201.22 Hodgkin's sarcoma of intrathoracic lymph nodes
- 201.23 Hodgkin's sarcoma of intra-abdominal lymph nodes
- 201.24 Hodgkin's sarcoma of lymph nodes of axilla and upper limb
- 201.25 Hodgkin's sarcoma of lymph nodes of inguinal region and lower limb
- 201.26 Hodgkin's sarcoma of intrapelvic lymph nodes
- 201.27 Hodgkin's sarcoma of spleen
- 201.28 Hodgkin's sarcoma of lymph nodes, multiple sites
- 201.40 Hodgkin's disease, lymphocytic-histiocytic predominance, unspecified site, extranodal and solid organ sites
- 201.41 Hodgkin's disease, lymphocytic-histiocytic predominance, lymph nodes of head, face, and neck
- 201.42 Hodgkin's disease, lymphocytic-histiocytic predominance, intrathoracic lymph nodes
- 201.43 Hodgkin's disease, lymphocytic-histiocytic predominance, intra-abdominal lymph nodes
- 201.44 Hodgkin's disease, lymphocytic-histiocytic predominance, lymph nodes of axilla and upper limb
- 201.45 Hodgkin's disease, lymphocytic-histiocytic predominance, lymph nodes of inguinal region and lower limb
- 201.46 Hodgkin's disease, lymphocytic-histiocytic predominance, intrapelvic lymph nodes
- 201.47 Hodgkin's disease, lymphocytic-histiocytic predominance, spleen
- 201.48 Hodgkin's disease, lymphocytic-histiocytic predominance, lymph nodes of multiple sites
- 201.50 Hodgkin's disease, nodular sclerosis, unspecified site, extranodal and solid organ sites
- 201.51 Hodgkin's disease, nodular sclerosis lymph nodes of head, face, and neck
- 201.52 Hodgkin's disease, nodular sclerosis of intrathoracic lymph nodes
- 201.53 Hodgkin's disease, nodular sclerosis of intra-abdominal lymph nodes
- 201.54 Hodgkin's disease, nodular sclerosis of lymph nodes of axilla and upper limb
- 201.55 Hodgkin's disease, nodular sclerosis of lymph nodes of inguinal region and lower limb
- 201.56 Hodgkin's disease, nodular sclerosis of intrapelvic lymph nodes
- 201.57 Hodgkin's disease, nodular sclerosis of spleen
- 201.58 Hodgkin's disease, nodular sclerosis of lymph nodes of multiple sites
- 201.60 Hodgkin's disease, mixed cellularity, unspecified site, extranodal and solid organ sites
- 201.61 Hodgkin's disease, mixed cellularity of lymph nodes of head, face, and neck
- 201.62 Hodgkin's disease, mixed cellularity of intrathoracic lymph nodes
- 201.63 Hodgkin's disease, mixed cellularity of intra-abdominal lymph nodes
- 201.64 Hodgkin's disease, mixed cellularity of lymph nodes of axilla and upper limb
- 201.65 Hodgkin's disease, mixed cellularity of lymph nodes of inguinal region and lower limb
- 201.66 Hodgkin's disease, mixed cellularity of intrapelvic lymph nodes
- 201.67 Hodgkin's disease, mixed cellularity of spleen
- 201.68 Hodgkin's disease, mixed cellularity, lymph nodes of multiple sites
- 201.70 Hodgkin's disease, lymphocytic depletion, unspecified site, extranodal and solid organ sites
- 201.71 Hodgkin's disease, lymphocytic depletion, lymph nodes of head, face, and neck
- 201.72 Hodgkin's disease, lymphocytic depletion, intrathoracic lymph nodes
- 201.73 Hodgkin's disease, lymphocytic depletion, intra-abdominal lymph nodes
- 201.74 Hodgkin's disease, lymphocytic depletion, lymph nodes of axilla and upper limb

- 201.75 Hodgkin's disease, lymphocytic depletion, lymph nodes of inguinal region and lower limb
- 201.76 Hodgkin's disease, lymphocytic depletion, intrapelvic lymph nodes
- 201.77 Hodgkin's disease, lymphocytic depletion, spleen
- 201.78 Hodgkin's disease, lymphocytic depletion, lymph nodes of multiple sites
- 201.90 Unspecified Hodgkin's disease, unspecified site, extranodal and solid organ sites
- 201.91 Hodgkin's disease, unspecified lymph nodes of head, face, and neck
- 201.92 Hodgkin's disease, unspecified intrathoracic lymph nodes
- 201.93 Hodgkin's disease, unspecified intra-abdominal lymph nodes
- 201.94 Hodgkin's disease, unspecified lymph nodes of axilla and upper limb
- 201.95 Hodgkin's disease, unspecified lymph nodes of inguinal region and lower limb
- 201.96 Hodgkin's disease, unspecified intrapelvic lymph nodes
- 201.97 Hodgkin's disease, unspecified spleen
- 201.98 Hodgkin's disease, unspecified lymph nodes of multiple sites
- 202.00 Nodular lymphoma, unspecified site, extranodal and solid organ sites
- 202.01 Nodular lymphoma, lymph nodes of head, face, and neck
- 202.02 Nodular lymphoma, intrathoracic lymph nodes
- 202.03 Nodular lymphoma, intra-abdominal lymph nodes
- 202.04 Nodular lymphoma, lymph nodes of axilla and upper limb
- 202.05 Nodular lymphoma, lymph nodes of inguinal region and lower limb
- 202.06 Nodular lymphoma, intrapelvic lymph nodes
- 202.07 Nodular lymphoma, spleen
- 202.08 Nodular lymphoma, lymph nodes of multiple sites
- 202.10 Mycosis fungoides, unspecified site, extranodal and solid organ sites
- 202.11 Mycosis fungoides, lymph nodes of head, face, and neck
- 202.12 Mycosis fungoides, intrathoracic lymph nodes
- 202.13 Mycosis fungoides, intra-abdominal lymph nodes
- 202.14 Mycosis fungoides, lymph nodes of axilla and upper limb
- 202.15 Mycosis fungoides, lymph nodes of inguinal region and lower limb
- 202.16 Mycosis fungoides, intrapelvic lymph nodes
- 202.17 Mycosis fungoides, spleen
- 202.18 Mycosis fungoides, lymph nodes of multiple sites
- 202.20 Sézary's disease, unspecified site, extranodal and solid organ sites
- 202.21 Sézary's disease, lymph nodes of head, face, and neck
- 202.22 Sézary's disease, intrathoracic lymph nodes
- 202.23 Sézary's disease, intra-abdominal lymph nodes
- 202.24 Sézary's disease, lymph nodes of axilla and upper limb
- 202.25 Sézary's disease, lymph nodes of inguinal region and lower limb
- 202.26 Sézary's disease, intrapelvic lymph nodes
- 202.27 Sézary's disease, spleen
- 202.28 Sézary's disease, lymph nodes of multiple sites
- 202.30 Malignant histiocytosis, unspecified site, extranodal and solid organ sites
- 202.31 Malignant histiocytosis, lymph nodes of head, face, and neck
- 202.32 Malignant histiocytosis, intrathoracic lymph nodes
- 202.33 Malignant histiocytosis, intra-abdominal lymph nodes
- 202.34 Malignant histiocytosis, lymph nodes of axilla and upper limb
- 202.35 Malignant histiocytosis, lymph nodes of inguinal region and lower limb
- 202.36 Malignant histiocytosis, intrapelvic lymph nodes

- 202.37 Malignant histiocytosis, spleen
- 202.38 Malignant histiocytosis, lymph nodes of multiple sites
- 202.40 Leukemic reticuloendotheliosis, unspecified site, extranodal and solid organ sites
- 202.41 Leukemic reticuloendotheliosis, lymph nodes of head, face, and neck
- 202.42 Leukemic reticuloendotheliosis, intrathoracic lymph nodes
- 202.43 Leukemic reticuloendotheliosis, intra-abdominal lymph nodes
- 202.44 Leukemic reticuloendotheliosis, lymph nodes of axilla and upper limb
- 202.45 Leukemic reticuloendotheliosis, lymph nodes of inguinal region and lower limb
- 202.46 Leukemic reticuloendotheliosis, intrapelvic lymph nodes
- 202.47 Leukemic reticuloendotheliosis, spleen
- 202.48 Leukemic reticuloendotheliosis, lymph nodes of multiple sites
- 202.50 Letterer-Siwe disease, unspecified site, extranodal and solid organ sites
- 202.51 Letterer-Siwe disease, lymph nodes of head, face, and neck
- 202.52 Letterer-Siwe disease, intrathoracic lymph nodes
- 202.53 Letterer-Siwe disease, intra-abdominal lymph nodes
- 202.54 Letterer-Siwe disease, lymph nodes of axilla and upper limb
- 202.55 Letterer-Siwe disease, lymph nodes of inguinal region and lower limb
- 202.56 Letterer-Siwe disease, intrapelvic lymph nodes
- 202.57 Letterer-Siwe disease, spleen
- 202.58 Letterer-Siwe disease, lymph nodes of multiple sites
- 202.60 Malignant mast cell tumors, unspecified site, extranodal and solid organ sites
- 202.61 Malignant mast cell tumors, lymph nodes of head, face, and neck
- 202.62 Malignant mast cell tumors, intrathoracic lymph nodes
- 202.63 Malignant mast cell tumors, intra-abdominal lymph nodes
- 202.64 Malignant mast cell tumors, lymph nodes of axilla and upper limb
- 202.65 Malignant mast cell tumors, lymph nodes of inguinal region and lower limb
- 202.66 Malignant mast cell tumors, intrapelvic lymph nodes
- 202.67 Malignant mast cell tumors, spleen
- 202.68 Malignant mast cell tumors, lymph nodes of multiple sites
- 202.70 Peripheral T cell lymphoma, unspecified site, extranodal and solid organ sites
- 202.71 Peripheral T cell lymphoma, lymph nodes of head, face, and neck
- 202.72 Peripheral T cell lymphoma, intrathoracic lymph nodes
- 202.73 Peripheral T cell lymphoma, intra-abdominal lymph nodes
- 202.74 Peripheral T cell lymphoma, lymph nodes of axilla and upper limb
- 202.75 Peripheral T cell lymphoma, lymph nodes of inguinal region and lower limb
- 202.76 Peripheral T cell lymphoma, intrapelvic lymph nodes
- 202.77 Peripheral T cell lymphoma, spleen
- 202.78 Peripheral T cell lymphoma, lymph nodes of multiple sites
- 202.80 Other lymphomas, unspecified site, extranodal and solid organ sites
- 202.81 Other lymphomas, lymph nodes of head, face, and neck
- 202.82 Other lymphomas, intrathoracic lymph nodes
- 202.83 Other lymphomas, intra-abdominal lymph nodes
- 202.84 Other lymphomas, lymph nodes of axilla and upper limb
- 202.85 Other lymphomas, lymph nodes of inguinal region and lower limb
- 202.86 Other lymphomas, intrapelvic lymph nodes
- 202.87 Other lymphomas, spleen
- 202.88 Other lymphomas, lymph nodes of multiple sites

203.00	Multiple myeloma, without mention of having achieved remission
203.02	Multiple myeloma, in relapse
245.1	Subacute thyroiditis
279.41	Autoimmune lymphoproliferative syndrome
279.49	Autoimmune disease, not elsewhere classified
285.29	Anemia of other chronic disease
379.91	Pain in or around eye
391.0	Acute rheumatic pericarditis
391.1	Acute rheumatic endocarditis
391.2	Acute rheumatic myocarditis
391.8	Other acute rheumatic heart disease
421.0	Acute and subacute bacterial endocarditis
421.1	Acute and subacute infective endocarditis in diseases classified elsewhere
421.9	Acute endocarditis, unspecified
446.0	Polyarteritis nodosa
446.5	Giant cell arteritis
447.6	Arteritis, unspecified
480.0	Pneumonia due to adenovirus
480.1	Pneumonia due to respiratory syncytial virus
480.2	Pneumonia due to parainfluenza virus
480.3	Pneumonia due to SARS-associated coronavirus
480.8	Pneumonia due to other virus not elsewhere classified
480.9	Viral pneumonia, unspecified
481	Pneumococcal pneumonia [Streptococcus pneumoniae pneumonia]
482.0	Pneumonia due to Klebsiella pneumoniae
482.1	Pneumonia due to Pseudomonas
482.2	Pneumonia due to Hemophilus influenzae [H. influenzae]
482.30	Pneumonia due to Streptococcus, unspecified
482.31	Pneumonia due to Streptococcus, group A
482.32	Pneumonia due to Streptococcus, group B
482.39	Pneumonia due to other Streptococcus
482.40	Pneumonia due to Staphylococcus, unspecified
482.41	Methicillin susceptible pneumonia due to Staphylococcus aureus
482.42	Methicillin resistant pneumonia due to Staphylococcus aureus
482.49	Other Staphylococcal pneumonia
482.81	Pneumonia due to anaerobes
482.82	Pneumonia due to Escherichia coli [E. coli]
482.83	Pneumonia due to other gram-negative bacteria
482.84	Legionnaires' disease
482.89	Pneumonia due to other specified bacteria
482.9	Bacterial pneumonia unspecified
483.0	Pneumonia due to Mycoplasma pneumoniae
483.1	Legionnaires disease
483.8	Pneumonia due to other specified organism
484.1	Pneumonia in cytomegalic inclusion disease
484.3	Pneumonia in whooping cough
484.5	Pneumonia in anthrax

484.6	Pneumonia in aspergillosis
484.7	Pneumonia in other systemic mycoses
484.8	Pneumonia in other infectious diseases classified elsewhere
485	Bronchopneumonia, organism unspecified
486	Pneumonia, organism unspecified
487.0	Influenza with pneumonia
487.1	Influenza with other respiratory manifestations
487.8	Influenza with other manifestations
526.9	Unspecified disease of the jaws
555.0	Regional enteritis, small intestine
555.1	Regional enteritis, large intestine
555.2	Regional enteritis, small intestine with large intestine
555.9	Regional enteritis, unspecified site
556.0	Ulcerative (chronic) enterocolitis
556.1	Ulcerative (chronic) ileocolitis
556.2	Ulcerative (chronic) proctitis
556.3	Ulcerative (chronic) proctosigmoiditis
556.4	Pseudopolyposis of colon
556.5	Left-sided ulcerative (chronic) colitis
556.6	Universal ulcerative (chronic) colitis
556.8	Other ulcerative colitis
556.9	Ulcerative colitis, unspecified
580.0	Acute glomerulonephritis with lesion of proliferative glomerulonephritis
580.4	Acute glomerulonephritis with lesion of rapidly progressive glomerulonephritis
580.81	Acute glomerulonephritis in diseases classified elsewhere
580.89	Acute glomerulonephritis with other specified pathological lesion in kidney
580.9	Acute glomerulonephritis with unspecified pathological lesion in kidney
581.0	Nephrotic syndrome with lesion of proliferative glomerulonephritis
581.1	Nephrotic syndrome with lesion of membranous glomerulonephritis
581.2	Nephrotic syndrome with lesion of membranoproliferative glomerulonephritis
581.3	Nephrotic syndrome with lesion of minimal change glomerulonephritis
581.81	Nephrotic syndrome in diseases classified elsewhere
581.89	Other nephrotic syndrome
581.9	Nephrotic syndrome with unspecified pathological lesion in
582.0	Chronic glomerulonephritis with lesion of proliferative glomerulonephritis
582.1	Chronic glomerulonephritis with lesion of membranous
582.2	Chronic glomerulonephritis with lesion of membranoproliferative glomerulonephritis
582.4	Chronic glomerulonephritis with lesion of rapidly progressive glomerulonephritis
582.81	Chronic glomerulonephritis in diseases classified elsewhere
582.89	Chronic glomerulonephritis Other
582.9	Chronic glomerulonephritis with unspecified pathological lesion in kidney
583.0	Nephritis and nephropathy, with lesion of proliferative glomerulonephritis
583.1	Nephritis and nephropathy, with lesion of membranous glomerulonephritis
583.2	Nephritis and nephropathy, with lesion of membranoproliferative glomerulonephritis
583.4	Nephritis and nephropathy, with lesion of rapidly progressive glomerulonephritis
583.6	Nephritis and nephropathy, with lesion of renal cortical necrosis
583.7	Nephritis and nephropathy, with lesion of renal medullary necrosis

583.81	Nephritis and nephropathy, not specified as acute or chronic, in diseases classified elsewhere
583.89	Other nephritis and nephropathy
583.9	Nephritis and nephropathy with unspecified pathological lesion in kidney
696.0	Psoriatic arthropathy
710.0	Systemic lupus erythematosus
710.1	Systemic sclerosis
710.2	Sicca syndrome
710.3	Dermatomyositis
710.4	Polymyositis
710.8	Other specified diffuse diseases of connective tissue
710.9	Unspecified diffuse connective tissue disease
714.0	Rheumatoid arthritis
714.1	Felty's syndrome
714.2	Other rheumatoid arthritis with visceral or systemic involvement
714.30	Polyarticular juvenile rheumatoid arthritis, chronic or unspecified
714.31	Polyarticular juvenile rheumatoid arthritis, acute
714.32	Pauciarticular juvenile rheumatoid arthritis
714.33	Monoarticular juvenile rheumatoid arthritis
714.81	Rheumatoid lung
714.89	Other specified polyarthropathies
714.9	Unspecified inflammatory polyarthropathy
719.40	Pain in joint, site unspecified
719.41	Pain in joint, shoulder region
719.42	Pain in joint, upper arm
719.43	Pain in joint, forearm
719.44	Pain in joint, hand
719.45	Pain in joint, pelvic region and thigh
719.46	Pain in joint, lower leg
719.47	Pain in joint, ankle and foot
720.0	Ankylosing spondylitis
725	Polymyalgia rheumatica
729.1	Myalgia and myositis, unspecified
729.5	Pain in limb
730.00	Acute osteomyelitis, site unspecified
730.01	Acute osteomyelitis, shoulder region
730.02	Acute osteomyelitis, upper arm
730.03	Acute osteomyelitis, forearm
730.04	Acute osteomyelitis, hand
730.05	Acute osteomyelitis, pelvic region and thigh
730.06	Acute osteomyelitis, lower leg
730.07	Acute osteomyelitis, ankle and foot
730.08	Acute osteomyelitis, other specified sites
730.09	Acute osteomyelitis, multiple sites
730.10	Chronic osteomyelitis, site unspecified
730.11	Chronic osteomyelitis, shoulder region
730.12	Chronic osteomyelitis, upper arm
730.13	Chronic osteomyelitis, forearm

- 730.14 Chronic osteomyelitis, hand
- 730.15 Chronic osteomyelitis, pelvic region and thigh
- 730.16 Chronic osteomyelitis, lower leg
- 730.17 Chronic osteomyelitis, ankle and foot
- 730.18 Chronic osteomyelitis, other specified sites
- 730.19 Chronic osteomyelitis, multiple sites
- 730.20 Unspecified osteomyelitis, site unspecified
- 730.21 Unspecified osteomyelitis, shoulder region
- 730.22 Unspecified osteomyelitis, upper arm
- 730.23 Unspecified osteomyelitis, forearm
- 730.24 Unspecified osteomyelitis, hand
- 730.25 Unspecified osteomyelitis, pelvic region and thigh
- 730.26 Unspecified osteomyelitis, lower leg
- 730.27 Unspecified osteomyelitis, ankle and foot
- 730.28 Unspecified osteomyelitis, other specified sites
- 730.29 Unspecified osteomyelitis, multiple sites
- 730.30 Periostitis without mention of osteomyelitis, site unspecified
- 730.31 Periostitis without mention of osteomyelitis, shoulder region
- 730.32 Periostitis without mention of osteomyelitis, upper arm
- 730.33 Periostitis without mention of osteomyelitis, forearm
- 730.34 Periostitis without mention of osteomyelitis, hand
- 730.35 Periostitis without mention of osteomyelitis, pelvic region and thigh
- 730.36 Periostitis without mention of osteomyelitis, lower leg
- 730.37 Periostitis without mention of osteomyelitis, ankle and foot
- 730.38 Periostitis without mention of osteomyelitis, other specified sites
- 730.39 Periostitis without mention of osteomyelitis, multiple sites
- 730.70 Osteopathy resulting from poliomyelitis, site unspecified
- 730.71 Osteopathy resulting from poliomyelitis, shoulder region
- 730.72 Osteopathy resulting from poliomyelitis, upper arm
- 730.73 Osteopathy resulting from poliomyelitis, forearm
- 730.74 Osteopathy resulting from poliomyelitis, hand
- 730.75 Osteopathy resulting from poliomyelitis, pelvic region and thigh
- 730.76 Osteopathy resulting from poliomyelitis, lower leg
- 730.77 Osteopathy resulting from poliomyelitis, ankle and foot
- 730.78 Osteopathy resulting from poliomyelitis, other specified sites
- 730.79 Osteopathy resulting from poliomyelitis, multiple sites
- 730.80 Other infections involving bone in disease classified elsewhere, site unspecified
- 730.81 Other infections involving bone in disease classified elsewhere, shoulder region
- 730.82 Other infections involving bone in disease classified elsewhere, upper arm
- 730.83 Other infections involving bone in disease classified elsewhere, forearm
- 730.84 Other infections involving bone in disease classified elsewhere, hand
- 730.85 Other infections involving bone in disease classified elsewhere, pelvic region and thigh
- 730.86 Other infections involving bone in disease classified elsewhere, lower leg
- 730.87 Other infections involving bone in disease classified elsewhere, ankle and foot
- 730.88 Other infections involving bone in disease classified elsewhere, other specified sites
- 730.89 Other infections involving bone in disease classified elsewhere, multiple sites
- 730.90 Unspecified infection of bone, site unspecified

730.91	Unspecified infection of bone, shoulder region
730.92	Unspecified infection of bone, upper arm
730.93	Unspecified infection of bone, forearm
730.94	Unspecified infection of bone, hand
730.95	Unspecified infection of bone, pelvic region and thigh
730.96	Unspecified infection of bone, lower leg
730.97	Unspecified infection of bone, ankle and foot
730.98	Unspecified infection of bone, other specified sites
730.99	Unspecified infection of bone, multiple sites
784.0	Headache
790.1	Elevated sedimentation rate
V10.72	Personal history of malignant neoplasm, Hodgkin's disease

Documentation Requirements

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD (See "Indications and Limitations of Coverage"). This documentation includes, but is not limited to, physician order, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Utilization Guideline

Services exceeding a frequency of more than one per week will be denied as not medically necessary.

Sources of Information and Basis for Decision

Aletaha D, Smolen JS. The Definition and Measurement of Disease Modification in Inflammatory Rheumatic Diseases. *Rheumatic Diseases Clinics of North America*. February 2006;32:1:9-44.

Chung KL. Evolving role of radiation therapy for hematologic malignancies. *Hematology/Oncology clinics of North America*. April 2006;20:2:471-503.

Kasper DL, Braunwald E, Fauci A, Hauser S, Longo D, Jameson JL. *Harrison's Principles of Internal Medicine*. 16th ed. McGraw-Hill Professional. July 23, 2004.

McPherson RA, Pincus MR. *Henry's Clinical Diagnosis and Management by Laboratory Methods*, 21st Edition. Copyright 2006.

The following references were used in adjudicating policy reconsideration requests:

Berbari EF, Elie OF, Douglas R and Steckelberg JM. Osteomyelitis, pier, clinical guidance from ACP. 2003. (<http://pier.acponline.org>) Accessed 08/10/2009.

Braunwald F, Kasper H, Longo J. *Harrison's 15th Edition, Principals Internal Medicine*;

Disorders of the Immune System, Connective Tissue and Joints. 1982.

Carragee EJ, Kim D, van der Vlugt T and Vittum D. The clinical use of erythrocyte sedimentation rate in pyogenic vertebral osteomyelitis. 1997;22:18:2089-2093.

U.S. National Library of Medicine and the National Institute of Health. *Eur J Cancer*. Are 18 fluorodeoxyglucose positron emission tomography and magnetic resonance imaging useful in the prediction of relapse in lymphoma residual masses? 2000. <http://www.ncbi.nlm.nih.gov/pubmed/10741278>. Accessed 08/10/2009.

U.S. National Library of Medicine and the National Institute of Health. *Eur J Haematol*. Presenting features, natural history, and prognostic factors in localized non-Hodgkin's lymphomas: analysis of 117 cases from a single institution. 1995. <http://www.ncbi.nlm.nih.gov/pubmed/7589337>. Accessed 08/10/2009.

U.S. National Library of Medicine and the National Institute of Health. *Oncology*. Diffuse Large Cell Lymphomas: Identification for prognostic factors and validation of the International Non-Hodgkin's Lymphoma Prognostic Index. A Hellenic Cooperation Oncology Group Study. 1998 Sep-Oct. <http://www.ncbi.nlm.nih.gov/pubmed/9732217>. Accessed 08/10/2009.

U.S. National Library of Medicine and the National Institute of Health. *Leukemia*. Clinical characteristics and factors predicting evolution of asymptomatic IgM monoclonal gammopathies and IgM-related disorders. 2004. <http://www.ncbi.nlm.nih.gov/pubmed/15322559>. Accessed 08/10/2009.

Revision History Explanation

R6 (effective 10/01/2009): Annual update ICD-9-CM codes per CMS Change Request #6520, 07/10/2009. ICD-9-CM code 279.4 deleted. ICD-9-CM codes 279.41 and 279.49 added to the list of ICD-9 codes that support medical necessity. CMS publication section updated. Minor changes made to reflect current template language. No additional comment or notice periods required and none given.

R5 (effective 07/01/2009): Source of revision - External – ICD-9-CM codes 203.00, 203.02, 285.29, 526.9 and 729.5 will be added to the list of ICD-9-CM codes that support medical necessity. Minor changes made to reflect current template language. No comment and notice periods required and none given.

06/05/2009 - In accordance with Section 911 of the Medicare Modernization Act of 2003, fiscal intermediary number 00270 was removed from this LCD as the claims processing for New Hampshire and Vermont was transitioned to NHIC, the Part A/Part B MAC contractor in these states.

05/15/2009 - In accordance with Section 911 of the Medicare Modernization Act of 2003, fiscal intermediary numbers 00180 and 00181 were removed from this LCD as the claims

processing for Maine and Massachusetts was transitioned to NHIC, the Part A/Part B MAC contractor in these states.

R4 (effective 12/01/2008): Source of revision - External (reconsideration). "The ICD-9-CM Codes That Support Medical Necessity" section of the policy is expanded with the addition of code 790.1. This addition is effective 10/01/2008 although revision is dated 12/01/2008.

Source of additional revision - External (reconsideration)"The ICD-9-CM Codes That Support Medical Necessity" section of the policy is expanded with the addition of ICD-9-CM codes 421.0-421.9 and 730.09-730.99 effective 12/01/2008.

No comment and notice periods required and none given.

R3 (effective 10/01/2008): Source of revision - Internal (annual ICD-9-CM code updates for 2009). "The ICD-9-CM Codes That Support Medical Necessity" section of the policy is expanded with the addition of ICD-9-CM code 482.42 and the revision of ICD-9-CM code 482.41.

No comment and notice periods required and none given.

R2 (effective 07/18/2008): This revised LCD is effective for all National Government Services jurisdictions on July 18, 2008 with these exceptions: for Connecticut – Part B the LCD is effective on August 1, 2008; for Upstate New York – Part B, the LCD is effective on September 1, 2008; and for New York and Connecticut – Part A, the LCD is effective on November 14, 2008. For New York – Part A (contract 00308), the content of this LCD is currently in effect but the LCD will be transferred to the J-13 contract number 13201 on November 14, 2008.

This LCD was revised to add the Jurisdiction 13 (J-13) MAC contractor numbers.

The CMS Statement of Work for the J13 Medicare Administrative Contract (MAC) requires that the contractor retain the most clinically appropriate LCD within the jurisdiction. This NGS policy is being promulgated to the J13 MAC as the most clinically appropriate LCD within that jurisdiction.

The NGS roster of LCDs has been developed under the combined experience of seven Medicare contractor medical directors. The criteria for inclusion in this roster includes areas of identified CERT errors, especially repetitive errors; high volume/high dollar/pervasive problems; patient safety issues; potential for automation; beneficiary access to new technology; implementation of NCD; narrative medical necessity parameters for medical review and provider education; and CMS/law enforcement mandates.

NGS LCDs have undergone an advice and comment process from the providers in 23 states. This advice and comment process, the most comprehensive among all Medicare contractors, has ensured that NGS policies have benefited from the most in-depth and scientifically rigorous scrutiny. The NGS policy development process has resulted in the most clinically appropriate LCDs for providers and Medicare beneficiaries.

R1 (effective 06/01/2008): Source of revision – Reconsideration request. Revised third bullet in the “Indication” section of the LCD to add “Non-Hodgkin’s lymphomas”. Added the following ICD-9-CM codes to the “ICD-9-CM Codes That Support Medical Necessity”: 200.20-200.88, 202.00-202.88, 710.2-710.4, 710.8-710.9 and 714.9. In the “Sources of Information” section, added a list of the literature that was reviewed for this Reconsideration Request. No comment and notice periods required and none given.

08/18/2008 - In accordance with Section 911 of the Medicare Modernization Act of 2003, fiscal intermediary number 00454 was removed from this LCD as the claims processing for American Samoa, California, Guam, Hawaii, Nevada and Northern Mariana Islands was transitioned to Palmetto GBA, the Part A/Part B MAC contractor in these states.

The following are administrative notes entered by the Medicare Coverage Database Contractor:

08/10/2008 - This policy was updated by the ICD-9 2008-2009 Annual Update.

11/14/2008 - In accordance with Section 911 of the Medicare Modernization Act of 2003, fiscal intermediary number 00308 is removed from this LCD. Effective on this date, claims processing for Delaware is performed by Highmark Medicare Services, the Part A/Part B MAC contractor for this state, and the claims processing for New York and Connecticut is performed by National Government Services under the J-13 MAC contract; carrier number 00805 is removed, and claims processing for New Jersey is performed by Highmark Medicare Services, the Part A/Part B MAC contractor for this state.

08/08/2009 - This policy was updated by the ICD-9 2009-2010 Annual Update.

Last Reviewed On Date: 09/25/2009