

LCD for Erythrocyte Sedimentation Rate (ESR) (L25639)

Contractor Information

Contractor Name

National Government Services, Inc.

Contractor Number

13282

Contractor Type

MAC - Part B

LCD Information

LCD ID Number

L25639

LCD Title

Erythrocyte Sedimentation Rate (ESR)

Contractor's Determination Number

L25639 (R6)

AMA CPT / ADA CDT Copyright Statement

CPT codes, descriptions and other data only are copyright 2009 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Clauses Apply. Current Dental Terminology, (CDT) (including procedure codes, nomenclature, descriptors and other data contained therein) is copyright by the American Dental Association. © 2002, 2004 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

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 - Upstate

Oversight Region

Region I

Original Determination Effective Date

For services performed on or after 12/01/2007

Original Determination Ending Date

Revision Effective Date

For services performed on or after 10/01/2009

Revision Ending Date

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.)

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.

12x	Hospital-inpatient or home health visits (Part B only)
13x	Hospital-outpatient (HHA-A also) (under OPPTS 13X must be used for ASC claims submitted for OPPTS payment -- eff. 7/00)
14x	Non-Patient Laboratory Specimens
85x	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.

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

0300	Laboratory-general classification
0305	Laboratory-hematology
0309	Laboratory-other laboratory

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
200.21	BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
200.22	BURKITT'S TUMOR OR LYMPHOMA INVOLVING INTRATHORACIC LYMPH NODES
200.23	

	BURKITT'S TUMOR OR LYMPHOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
200.24	BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
200.25	BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.26	BURKITT'S TUMOR OR LYMPHOMA INVOLVING INTRAPELVIC LYMPH NODES
200.27	BURKITT'S TUMOR OR LYMPHOMA INVOLVING SPLEEN
200.28	BURKITT'S TUMOR OR LYMPHOMA INVOLVING 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
200.81	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
200.82	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING INTRATHORACIC LYMPH NODES
200.83	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
200.84	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
200.85	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.86	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING INTRAPELVIC LYMPH NODES
200.87	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING SPLEEN
200.88	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
201.00	HODGKIN'S PARAGRANULOMA UNSPECIFIED SITE
201.01	HODGKIN'S PARAGRANULOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.02	HODGKIN'S PARAGRANULOMA INVOLVING INTRATHORACIC LYMPH NODES
201.03	HODGKIN'S PARAGRANULOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.04	HODGKIN'S PARAGRANULOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB

201.05	HODGKIN'S PARAGRANULOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.06	HODGKIN'S PARAGRANULOMA INVOLVING INTRAPELVIC LYMPH NODES
201.07	HODGKIN'S PARAGRANULOMA INVOLVING SPLEEN
201.08	HODGKIN'S PARAGRANULOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
201.10	HODGKIN'S GRANULOMA UNSPECIFIED SITE
201.11	HODGKIN'S GRANULOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.12	HODGKIN'S GRANULOMA INVOLVING INTRATHORACIC LYMPH NODES
201.13	HODGKIN'S GRANULOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.14	HODGKIN'S GRANULOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.15	HODGKIN'S GRANULOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.16	HODGKIN'S GRANULOMA INVOLVING INTRAPELVIC LYMPH NODES
201.17	HODGKIN'S GRANULOMA INVOLVING SPLEEN
201.18	HODGKIN'S GRANULOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
201.20	HODGKIN'S SARCOMA UNSPECIFIED SITE
201.21	HODGKIN'S SARCOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.22	HODGKIN'S SARCOMA INVOLVING INTRATHORACIC LYMPH NODES
201.23	HODGKIN'S SARCOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.24	HODGKIN'S SARCOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.25	HODGKIN'S SARCOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.26	HODGKIN'S SARCOMA INVOLVING INTRAPELVIC LYMPH NODES
201.27	HODGKIN'S SARCOMA INVOLVING SPLEEN
201.28	HODGKIN'S SARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
201.40	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE UNSPECIFIED SITE
201.41	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING LYMPH NODES OF HEAD FACE AND NECK

201.42	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING INTRATHORACIC LYMPH NODES
201.43	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.44	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.45	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.46	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING INTRAPELVIC LYMPH NODES
201.47	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING SPLEEN
201.48	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING LYMPH NODES OF MULTIPLE SITES
201.50	HODGKIN'S DISEASE NODULAR SCLEROSIS UNSPECIFIED SITE
201.51	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.52	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING INTRATHORACIC LYMPH NODES
201.53	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.54	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.55	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.56	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING INTRAPELVIC LYMPH NODES
201.57	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING SPLEEN
201.58	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF MULTIPLE SITES
201.60	HODGKIN'S DISEASE MIXED CELLULARITY UNSPECIFIED SITE
201.61	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.62	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING INTRATHORACIC LYMPH NODES

201.63	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.64	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.65	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.66	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING INTRAPELVIC LYMPH NODES
201.67	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING SPLEEN
201.68	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF MULTIPLE SITES
201.70	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION UNSPECIFIED SITE
201.71	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.72	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING INTRATHORACIC LYMPH NODES
201.73	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.74	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.75	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.76	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING INTRAPELVIC LYMPH NODES
201.77	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING SPLEEN
201.78	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING LYMPH NODES OF MULTIPLE SITES
201.90	HODGKIN'S DISEASE UNSPECIFIED TYPE UNSPECIFIED SITE
201.91	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.92	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING INTRATHORACIC LYMPH NODES
201.93	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.94	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.95	

	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.96	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING INTRAPELVIC LYMPH NODES
201.97	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING SPLEEN
201.98	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF MULTIPLE SITES
202.00	NODULAR LYMPHOMA UNSPECIFIED SITE
202.01	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.02	NODULAR LYMPHOMA INVOLVING INTRATHORACIC LYMPH NODES
202.03	NODULAR LYMPHOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.04	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.05	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.06	NODULAR LYMPHOMA INVOLVING INTRAPELVIC LYMPH NODES
202.07	NODULAR LYMPHOMA INVOLVING SPLEEN
202.08	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
202.10	MYCOSIS FUNGOIDES UNSPECIFIED SITE
202.11	MYCOSIS FUNGOIDES INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.12	MYCOSIS FUNGOIDES INVOLVING INTRATHORACIC LYMPH NODES
202.13	MYCOSIS FUNGOIDES INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.14	MYCOSIS FUNGOIDES INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.15	MYCOSIS FUNGOIDES INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.16	MYCOSIS FUNGOIDES INVOLVING INTRAPELVIC LYMPH NODES
202.17	MYCOSIS FUNGOIDES INVOLVING SPLEEN
202.18	MYCOSIS FUNGOIDES INVOLVING LYMPH NODES OF MULTIPLE SITES
202.20	SEZARY'S DISEASE UNSPECIFIED SITE
202.21	SEZARY'S DISEASE INVOLVING LYMPH NODES OF HEAD FACE AND NECK

202.22	SEZARY'S DISEASE INVOLVING INTRATHORACIC LYMPH NODES
202.23	SEZARY'S DISEASE INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.24	SEZARY'S DISEASE INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.25	SEZARY'S DISEASE INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.26	SEZARY'S DISEASE INVOLVING INTRAPELVIC LYMPH NODES
202.27	SEZARY'S DISEASE INVOLVING SPLEEN
202.28	SEZARY'S DISEASE INVOLVING LYMPH NODES OF MULTIPLE SITES
202.30	MALIGNANT HISTIOCYTOSIS UNSPECIFIED SITE
202.31	MALIGNANT HISTIOCYTOSIS INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.32	MALIGNANT HISTIOCYTOSIS INVOLVING INTRATHORACIC LYMPH NODES
202.33	MALIGNANT HISTIOCYTOSIS INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.34	MALIGNANT HISTIOCYTOSIS INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.35	MALIGNANT HISTIOCYTOSIS INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.36	MALIGNANT HISTIOCYTOSIS INVOLVING INTRAPELVIC LYMPH NODES
202.37	MALIGNANT HISTIOCYTOSIS INVOLVING SPLEEN
202.38	MALIGNANT HISTIOCYTOSIS INVOLVING LYMPH NODES OF MULTIPLE SITES
202.40	LEUKEMIC RETICULOENDOTHELIOSIS UNSPECIFIED SITE
202.41	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.42	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING INTRATHORACIC LYMPH NODES
202.43	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.44	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING LYMPH NODES OF AXILLA AND UPPER ARM
202.45	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.46	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING INTRAPELVIC LYMPH NODES

202.47 LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING
SPLEEN

202.48 LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING
LYMPH NODES OF MULTIPLE SITES

202.50 LETTERER-SIWE DISEASE UNSPECIFIED SITE

202.51 LETTERER-SIWE DISEASE INVOLVING LYMPH NODES
OF HEAD FACE AND NECK

202.52 LETTERER-SIWE DISEASE INVOLVING
INTRATHORACIC LYMPH NODES

202.53 LETTERER-SIWE DISEASE INVOLVING INTRA-
ABDOMINAL LYMPH NODES

202.54 LETTERER-SIWE DISEASE INVOLVING LYMPH NODES
OF AXILLA AND UPPER LIMB

202.55 LETTERER-SIWE DISEASE INVOLVING LYMPH NODES
OF INGUINAL REGION AND LOWER LIMB

202.56 LETTERER-SIWE DISEASE INVOLVING INTRAPELVIC
LYMPH NODES

202.57 LETTERER-SIWE DISEASE INVOLVING SPLEEN

202.58 LETTERER-SIWE DISEASE INVOLVING LYMPH NODES
OF MULTIPLE SITES

202.60 MALIGNANT MAST CELL TUMORS UNSPECIFIED SITE

202.61 MALIGNANT MAST CELL TUMORS INVOLVING LYMPH
NODES OF HEAD FACE AND NECK

202.62 MALIGNANT MAST CELL TUMORS INVOLVING
INTRATHORACIC LYMPH NODES

202.63 MALIGNANT MAST CELL TUMORS INVOLVING INTRA-
ABDOMINAL LYMPH NODES

202.64 MALIGNANT MAST CELL TUMORS INVOLVING LYMPH
NODES OF AXILLA AND UPPER LIMB

202.65 MALIGNANT MAST CELL TUMORS INVOLVING LYMPH
NODES OF INGUINAL REGION AND LOWER LIMB

202.66 MALIGNANT MAST CELL TUMORS INVOLVING
INTRAPELVIC LYMPH NODES

202.67 MALIGNANT MAST CELL TUMORS INVOLVING SPLEEN

202.68 MALIGNANT MAST CELL TUMORS INVOLVING 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 MALIGNANT LYMPHOMAS UNSPECIFIED SITE
202.81	OTHER MALIGNANT LYMPHOMAS INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.82	OTHER MALIGNANT LYMPHOMAS INVOLVING INTRATHORACIC LYMPH NODES
202.83	OTHER MALIGNANT LYMPHOMAS INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.84	OTHER MALIGNANT LYMPHOMAS INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.85	OTHER MALIGNANT LYMPHOMAS INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.86	OTHER MALIGNANT LYMPHOMAS INVOLVING INTRAPELVIC LYMPH NODES
202.87	OTHER MALIGNANT LYMPHOMAS INVOLVING SPLEEN
202.88	OTHER MALIGNANT LYMPHOMAS INVOLVING 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 STAPHYLOCOCCUS 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	PNEUMONIA DUE TO LEGIONNAIRES' DISEASE
482.89	PNEUMONIA DUE TO OTHER SPECIFIED BACTERIA
482.9	BACTERIAL PNEUMONIA UNSPECIFIED
483.0	PNEUMONIA DUE TO MYCOPLASMA PNEUMONIAE
483.1	PNEUMONIA DUE TO CHLAMYDIA

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 OF SMALL INTESTINE
555.1	REGIONAL ENTERITIS OF LARGE INTESTINE
555.2	REGIONAL ENTERITIS OF SMALL INTESTINE WITH LARGE INTESTINE
555.9	REGIONAL ENTERITIS OF 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 WITH SPECIFIED PATHOLOGICAL LESION IN KIDNEY
581.9	NEPHROTIC SYNDROME WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY
582.0	CHRONIC GLOMERULONEPHRITIS WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS
582.1	CHRONIC GLOMERULONEPHRITIS WITH LESION OF MEMBRANOUS GLOMERULONEPHRITIS
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	OTHER CHRONIC GLOMERULONEPHRITIS WITH SPECIFIED PATHOLOGICAL LESION IN KIDNEY
582.9	CHRONIC GLOMERULONEPHRITIS WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY
583.0	NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS
583.1	NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH LESION OF MEMBRANOUS GLOMERULONEPHRITIS
583.2	NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH LESION OF MEMBRANOPROLIFERATIVE GLOMERULONEPHRITIS
583.4	NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS
583.6	NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH LESION OF RENAL CORTICAL NECROSIS
583.7	NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC 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 NOT SPECIFIED AS ACUTE OR CHRONIC WITH SPECIFIED PATHOLOGICAL LESION IN KIDNEY

583.9 NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC 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 CHRONIC OR UNSPECIFIED POLYARTICULAR JUVENILE RHEUMATOID ARTHRITIS

714.31 ACUTE POLYARTICULAR JUVENILE RHEUMATOID ARTHRITIS

714.32 PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS

714.33 MONOARTICULAR JUVENILE RHEUMATOID ARTHRITIS

714.81 RHEUMATOID LUNG

714.89 OTHER SPECIFIED INFLAMMATORY POLYARTHROPATHIES

714.9 UNSPECIFIED INFLAMMATORY POLYARTHROPATHY

719.40 PAIN IN JOINT SITE UNSPECIFIED

719.41 PAIN IN JOINT INVOLVING SHOULDER REGION

719.42 PAIN IN JOINT INVOLVING UPPER ARM

719.43 PAIN IN JOINT INVOLVING FOREARM

719.44 PAIN IN JOINT INVOLVING HAND

719.45 PAIN IN JOINT INVOLVING PELVIC REGION AND THIGH

719.46 PAIN IN JOINT INVOLVING LOWER LEG

719.47 PAIN IN JOINT INVOLVING 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 INVOLVING SHOULDER REGION
730.02	ACUTE OSTEOMYELITIS INVOLVING UPPER ARM
730.03	ACUTE OSTEOMYELITIS INVOLVING FOREARM
730.04	ACUTE OSTEOMYELITIS INVOLVING HAND
730.05	ACUTE OSTEOMYELITIS INVOLVING PELVIC REGION AND THIGH
730.06	ACUTE OSTEOMYELITIS INVOLVING LOWER LEG
730.07	ACUTE OSTEOMYELITIS INVOLVING ANKLE AND FOOT
730.08	ACUTE OSTEOMYELITIS INVOLVING OTHER SPECIFIED SITES
730.09	ACUTE OSTEOMYELITIS INVOLVING MULTIPLE SITES
730.10	CHRONIC OSTEOMYELITIS SITE UNSPECIFIED
730.11	CHRONIC OSTEOMYELITIS INVOLVING SHOULDER REGION
730.12	CHRONIC OSTEOMYELITIS INVOLVING UPPER ARM
730.13	CHRONIC OSTEOMYELITIS INVOLVING FOREARM
730.14	CHRONIC OSTEOMYELITIS INVOLVING HAND
730.15	CHRONIC OSTEOMYELITIS INVOLVING PELVIC REGION AND THIGH
730.16	CHRONIC OSTEOMYELITIS INVOLVING LOWER LEG
730.17	CHRONIC OSTEOMYELITIS INVOLVING ANKLE AND FOOT
730.18	CHRONIC OSTEOMYELITIS INVOLVING OTHER SPECIFIED SITES
730.19	CHRONIC OSTEOMYELITIS INVOLVING MULTIPLE SITES
730.20	UNSPECIFIED OSTEOMYELITIS SITE UNSPECIFIED
730.21	UNSPECIFIED OSTEOMYELITIS INVOLVING SHOULDER REGION
730.22	UNSPECIFIED OSTEOMYELITIS INVOLVING UPPER ARM
730.23	UNSPECIFIED OSTEOMYELITIS INVOLVING FOREARM
730.24	UNSPECIFIED OSTEOMYELITIS INVOLVING HAND
730.25	UNSPECIFIED OSTEOMYELITIS INVOLVING PELVIC REGION AND THIGH

730.26	UNSPECIFIED OSTEOMYELITIS INVOLVING LOWER LEG
730.27	UNSPECIFIED OSTEOMYELITIS INVOLVING ANKLE AND FOOT
730.28	UNSPECIFIED OSTEOMYELITIS INVOLVING OTHER SPECIFIED SITES
730.29	UNSPECIFIED OSTEOMYELITIS INVOLVING MULTIPLE SITES
730.30	PERIOSTITIS WITHOUT OSTEOMYELITIS INVOLVING UNSPECIFIED SITE
730.31	PERIOSTITIS WITHOUT OSTEOMYELITIS INVOLVING SHOULDER REGION
730.32	PERIOSTITIS WITHOUT OSTEOMYELITIS INVOLVING UPPER ARM
730.33	PERIOSTITIS WITHOUT OSTEOMYELITIS INVOLVING FOREARM
730.34	PERIOSTITIS WITHOUT OSTEOMYELITIS INVOLVING HAND
730.35	PERIOSTITIS WITHOUT OSTEOMYELITIS INVOLVING PELVIC REGION AND THIGH
730.36	PERIOSTITIS WITHOUT OSTEOMYELITIS INVOLVING LOWER LEG
730.37	PERIOSTITIS WITHOUT OSTEOMYELITIS INVOLVING ANKLE AND FOOT
730.38	PERIOSTITIS WITHOUT OSTEOMYELITIS INVOLVING OTHER SPECIFIED SITES
730.39	PERIOSTITIS WITHOUT OSTEOMYELITIS INVOLVING MULTIPLE SITES
730.70	OSTEOPATHY RESULTING FROM POLIOMYELITIS INVOLVING UNSPECIFIED SITE
730.71	OSTEOPATHY RESULTING FROM POLIOMYELITIS INVOLVING SHOULDER REGION
730.72	OSTEOPATHY RESULTING FROM POLIOMYELITIS INVOLVING UPPER ARM
730.73	OSTEOPATHY RESULTING FROM POLIOMYELITIS INVOLVING FOREARM
730.74	OSTEOPATHY RESULTING FROM POLIOMYELITIS INVOLVING HAND
730.75	OSTEOPATHY RESULTING FROM POLIOMYELITIS INVOLVING PELVIC REGION AND THIGH
730.76	OSTEOPATHY RESULTING FROM POLIOMYELITIS INVOLVING LOWER LEG
730.77	OSTEOPATHY RESULTING FROM POLIOMYELITIS INVOLVING ANKLE AND FOOT

730.78	OSTEOPATHY RESULTING FROM POLIOMYELITIS INVOLVING OTHER SPECIFIED SITES
730.79	OSTEOPATHY RESULTING FROM POLIOMYELITIS INVOLVING MULTIPLE SITES
730.80	OTHER INFECTIONS INVOLVING BONE IN DISEASES CLASSIFIED ELSEWHERE SITE UNSPECIFIED
730.81	OTHER INFECTIONS INVOLVING BONE OF SHOULDER REGION IN DISEASES CLASSIFIED ELSEWHERE
730.82	OTHER INFECTIONS INVOLVING UPPER ARM BONE IN DISEASES CLASSIFIED ELSEWHERE
730.83	OTHER INFECTIONS INVOLVING FOREARM BONE IN DISEASES CLASSIFIED ELSEWHERE
730.84	OTHER INFECTIONS INVOLVING HAND BONE IN DISEASES CLASSIFIED ELSEWHERE
730.85	OTHER INFECTIONS INVOLVING BONE OF PELVIC REGION AND THIGH IN DISEASES CLASSIFIED ELSEWHERE
730.86	OTHER INFECTIONS INVOLVING LOWER LEG BONE IN DISEASES CLASSIFIED ELSEWHERE
730.87	OTHER INFECTIONS INVOLVING ANKLE AND FOOT BONE IN DISEASES CLASSIFIED ELSEWHERE
730.88	OTHER INFECTIONS INVOLVING BONE OF OTHER SPECIFIED SITES IN DISEASES CLASSIFIED ELSEWHERE
730.89	OTHER INFECTIONS INVOLVING BONE OF MULTIPLE SITES IN DISEASES CLASSIFIED ELSEWHERE
730.90	UNSPECIFIED INFECTION OF BONE SITE UNSPECIFIED
730.91	UNSPECIFIED INFECTION OF BONE OF SHOULDER REGION
730.92	UNSPECIFIED INFECTION OF UPPER ARM BONE
730.93	UNSPECIFIED INFECTION OF FOREARM BONE
730.94	UNSPECIFIED INFECTION OF HAND BONE
730.95	UNSPECIFIED INFECTION OF BONE OF PELVIC REGION AND THIGH
730.96	UNSPECIFIED INFECTION OF LOWER LEG BONE
730.97	UNSPECIFIED INFECTION OF ANKLE AND FOOT BONE
730.98	UNSPECIFIED INFECTION OF BONE OF OTHER SPECIFIED SITES
730.99	UNSPECIFIED INFECTION OF BONE IN MULTIPLE SITES
784.0	HEADACHE
790.1	ELEVATED SEDIMENTATION RATE
V10.72	PERSONAL HISTORY OF HODGKIN'S DISEASE

Diagnoses that Support Medical Necessity

Not applicable

ICD-9 Codes that DO NOT Support Medical Necessity

Not applicable

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

Not applicable

General Information

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.

Appendices

Utilization Guidelines

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:

Berberi 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.

Advisory Committee Meeting Notes

Carrier Advisory Committee Meeting Date(s):

06/13/2007 – New Jersey

06/13/2007 – New York

06/25/2007 – Indiana

06/28/2007 – Kentucky

This coverage determination does not reflect the sole opinion of the contractor or contractor Medical Director. Although the final decision rests with the contractor, this determination **is** developed in consultation with representatives from Advisory Committee members and/or from various state and local provider organizations.

Start Date of Comment Period

06/01/2007

End Date of Comment Period

07/16/2007

Start Date of Notice Period

10/01/2009

Revision History Number

R6

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.

Reason for Change

ICD9 Addition/Deletion

Last Reviewed On Date

10/01/2009

Related Documents

Article(s)

A44691 - Erythrocyte Sedimentation Rate (ESR) - Supplemental Instructions Article (SIA)

LCD Attachments

There are no attachments for this LCD.

All Versions

Updated on 09/25/2009 with effective dates 10/01/2009 - N/A

Updated on 06/18/2009 with effective dates 07/01/2009 - 09/30/2009

Updated on 05/28/2009 with effective dates 06/05/2009 - 06/30/2009

Updated on 05/28/2009 with effective dates 05/15/2009 - 06/04/2009

Updated on 05/07/2009 with effective dates 05/15/2009 - N/A

Updated on 11/25/2008 with effective dates 12/01/2008 - 05/14/2009

Updated on 10/24/2008 with effective dates 11/14/2008 - 11/30/2008

Updated on 09/17/2008 with effective dates 10/01/2008 - 11/13/2008

Updated on 08/10/2008 with effective dates 08/18/2008 - 09/30/2008

Updated on 08/06/2008 with effective dates 08/18/2008 - N/A

Updated on 07/06/2008 with effective dates 07/18/2008 - 08/17/2008

Updated on 05/22/2008 with effective dates 07/18/2008 - N/A