

Local Coverage Determination (LCD): Ionized Calcium (L31580)

Contractor Information

Contractor Name Palmetto GBA opens in new window Back to Top	Contract Number 11201	Contract Type MAC - Part A
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LCD Information

Document Information

LCD ID L31580	Jurisdiction South Carolina
LCD Title Ionized Calcium	Original Effective Date For services performed on or after 01/24/2011
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	Revision Ending Date N/A
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	Notice Period Start Date 12/09/2010
	Notice Period End Date N/A

CMS National Coverage Policy Title XVIII of the Social Security Act §1862(a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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

CMS Manual System, Pub. 100-20, One-Time Notification, Transmittal 477, dated April 24, 2009, Change Request 6338

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Ionized calcium testing is used to evaluate non-bound calcium, a measure of the physiologically active calcium fraction. Total serum calcium is most often satisfactory for the evaluation of calcium metabolism.

1. Ionized calcium is infrequently needed, but it may be reasonable in hypo or hypercalcemia with borderline serum calcium and alterations of serum proteins.
2. Ionized calcium determination/testing may be reasonable in: kidney, liver or blood disorders, hypo or

hyperthyroidism, rheumatoid arthritis, bone cancer, osteomalacia, osteoporosis, celiac disease, sprue, pancreatitis, malabsorption, ureteral calculus, hypo or hypercalcemia, coma, sarcoidosis, acute seizure, shock, respiratory failure, hyperparathyroidism, ectopic parathyroid hormone-producing neoplasms, excessive vitamin D, renal failure and/or kidney transplantation, in whom problems include secondary hyperparathyroidism; balance in dialysis patients, and ill premature infants with hypoproteinemia and acidosis. Calcium determination/testing is occasionally useful when hypercalcemia coexists with an abnormal protein state such as myeloma, disturbances of acid base balance, cirrhosis, hypoparathyroidism, vitamin D deficiency, pseudohypoparathyroidism, cardiothoracic surgery and heart transplantation and may have some use in patients having cardiac arrest.

[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
071x Clinic - Rural Health
077x Clinic - Federally Qualified Health Center (FQHC)
085x Critical Access Hospital

Revenue Codes:

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

0301 Laboratory - Chemistry
0304 Laboratory - Non-Routine Dialysis

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

82330 CALCIUM; IONIZED

ICD-9 Codes that Support Medical Necessity

Group 1 Paragraph: N/A

Group 1 Codes:

[010.00 -
012.86 opens in
new window](#)

PRIMARY TUBERCULOUS COMPLEX UNSPECIFIED EXAMINATION - OTHER SPECIFIED
RESPIRATORY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR
HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS
(INOCULATION OF ANIMALS)

015.00 - 015.96 opens in new window	TUBERCULOSIS OF VERTEBRAL COLUMN UNSPECIFIED EXAMINATION - TUBERCULOSIS OF UNSPECIFIED BONES AND JOINTS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
016.00 - 016.96 opens in new window	TUBERCULOSIS OF KIDNEY UNSPECIFIED EXAMINATION - UNSPECIFIED GENITOURINARY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
018.00 - 018.96 opens in new window	ACUTE MILIARY TUBERCULOSIS UNSPECIFIED EXAMINATION - UNSPECIFIED MILIARY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
038.0 - 038.9 opens in new window	STREPTOCOCCAL SEPTICEMIA - UNSPECIFIED SEPTICEMIA
135	SARCOIDOSIS
140.0 - 149.9 opens in new window	MALIGNANT NEOPLASM OF UPPER LIP VERMILION BORDER - MALIGNANT NEOPLASM OF ILL-DEFINED SITES WITHIN THE LIP AND ORAL CAVITY
150.0 - 159.9 opens in new window	MALIGNANT NEOPLASM OF CERVICAL ESOPHAGUS - MALIGNANT NEOPLASM OF ILL-DEFINED SITES WITHIN THE DIGESTIVE ORGANS AND PERITONEUM
160.0 - 165.9 opens in new window	MALIGNANT NEOPLASM OF NASAL CAVITIES - MALIGNANT NEOPLASM OF ILL-DEFINED SITES WITHIN THE RESPIRATORY SYSTEM
170.0 - 170.9 opens in new window	MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE EXCEPT MANDIBLE - MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE SITE UNSPECIFIED
171.0 - 171.9 opens in new window	MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD FACE AND NECK - MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE SITE UNSPECIFIED
172.0 - 172.9 opens in new window	MALIGNANT MELANOMA OF SKIN OF LIP - MELANOMA OF SKIN SITE UNSPECIFIED
173.00	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF LIP
173.01	BASAL CELL CARCINOMA OF SKIN OF LIP
173.02	SQUAMOUS CELL CARCINOMA OF SKIN OF LIP
173.09	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF LIP
173.10	UNSPECIFIED MALIGNANT NEOPLASM OF EYELID, INCLUDING CANTHUS
173.11	BASAL CELL CARCINOMA OF EYELID, INCLUDING CANTHUS
173.12	SQUAMOUS CELL CARCINOMA OF EYELID, INCLUDING CANTHUS
173.19	OTHER SPECIFIED MALIGNANT NEOPLASM OF EYELID, INCLUDING CANTHUS
173.20	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF EAR AND EXTERNAL AUDITORY CANAL
173.21	BASAL CELL CARCINOMA OF SKIN OF EAR AND EXTERNAL AUDITORY CANAL
173.22	SQUAMOUS CELL CARCINOMA OF SKIN OF EAR AND EXTERNAL AUDITORY CANAL
173.29	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF EAR AND EXTERNAL AUDITORY CANAL
173.30	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF OTHER AND UNSPECIFIED PARTS OF FACE
173.31	BASAL CELL CARCINOMA OF SKIN OF OTHER AND UNSPECIFIED PARTS OF FACE
173.32	SQUAMOUS CELL CARCINOMA OF SKIN OF OTHER AND UNSPECIFIED PARTS OF FACE
173.39	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF OTHER AND UNSPECIFIED PARTS OF FACE
173.40	UNSPECIFIED MALIGNANT NEOPLASM OF SCALP AND SKIN OF NECK
173.41	BASAL CELL CARCINOMA OF SCALP AND SKIN OF NECK
173.42	SQUAMOUS CELL CARCINOMA OF SCALP AND SKIN OF NECK
173.49	OTHER SPECIFIED MALIGNANT NEOPLASM OF SCALP AND SKIN OF NECK
173.50	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF TRUNK, EXCEPT SCROTUM
173.51	BASAL CELL CARCINOMA OF SKIN OF TRUNK, EXCEPT SCROTUM
173.52	SQUAMOUS CELL CARCINOMA OF SKIN OF TRUNK, EXCEPT SCROTUM
173.59	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF TRUNK, EXCEPT SCROTUM
173.60	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF UPPER LIMB, INCLUDING SHOULDER

173.61	BASAL CELL CARCINOMA OF SKIN OF UPPER LIMB, INCLUDING SHOULDER
173.62	SQUAMOUS CELL CARCINOMA OF SKIN OF UPPER LIMB, INCLUDING SHOULDER
173.69	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF UPPER LIMB, INCLUDING SHOULDER
173.70	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF LOWER LIMB, INCLUDING HIP
173.71	BASAL CELL CARCINOMA OF SKIN OF LOWER LIMB, INCLUDING HIP
173.72	SQUAMOUS CELL CARCINOMA OF SKIN OF LOWER LIMB, INCLUDING HIP
173.79	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF LOWER LIMB, INCLUDING HIP
173.80	UNSPECIFIED MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF SKIN
173.81	BASAL CELL CARCINOMA OF OTHER SPECIFIED SITES OF SKIN
173.82	SQUAMOUS CELL CARCINOMA OF OTHER SPECIFIED SITES OF SKIN
173.89	OTHER SPECIFIED MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF SKIN
173.90	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN, SITE UNSPECIFIED
173.91	BASAL CELL CARCINOMA OF SKIN, SITE UNSPECIFIED
173.92	SQUAMOUS CELL CARCINOMA OF SKIN, SITE UNSPECIFIED
173.99	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN, SITE UNSPECIFIED
174.0	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF FEMALE BREAST
174.1	MALIGNANT NEOPLASM OF CENTRAL PORTION OF FEMALE BREAST
174.2	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF FEMALE BREAST
174.3	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF FEMALE BREAST
174.4	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST
174.5	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF FEMALE BREAST
174.6	MALIGNANT NEOPLASM OF AXILLARY TAIL OF FEMALE BREAST
174.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF FEMALE BREAST
174.9	MALIGNANT NEOPLASM OF BREAST (FEMALE) UNSPECIFIED SITE
175.0	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF MALE BREAST
175.9	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED SITES OF MALE BREAST
176.0	KAPOSI'S SARCOMA SKIN
176.1	KAPOSI'S SARCOMA SOFT TISSUE
176.2	KAPOSI'S SARCOMA PALATE
176.3	KAPOSI'S SARCOMA GASTROINTESTINAL SITES
176.4	KAPOSI'S SARCOMA LUNG
176.5	KAPOSI'S SARCOMA LYMPH NODES
176.8	KAPOSI'S SARCOMA OTHER SPECIFIED SITES
176.9	KAPOSI'S SARCOMA UNSPECIFIED SITE
179 - 189.9 opens in new window	MALIGNANT NEOPLASM OF UTERUS-PART UNS - MALIGNANT NEOPLASM OF URINARY ORGAN SITE UNSPECIFIED
190.0 - 199.1 opens in new window	MALIGNANT NEOPLASM OF EYEBALL EXCEPT CONJUNCTIVA CORNEA RETINA AND CHOROID - OTHER MALIGNANT NEOPLASM OF UNSPECIFIED SITE
200.00 - 200.08 opens in new window	RETICULOSARCOMA UNSPECIFIED SITE - RETICULOSARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
200.10 - 200.18 opens in new window	LYMPHOSARCOMA UNSPECIFIED SITE - LYMPHOSARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
200.20 - 200.28 opens in new window	BURKITT'S TUMOR OR LYMPHOMA UNSPECIFIED SITE - BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
200.30 - 200.38 opens in new window	MARGINAL ZONE LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES - MARGINAL ZONE LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
200.40 - 200.48 opens in new window	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES - MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
200.50 - 200.58 opens in new window	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES - PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
200.60 - 200.68 opens in new window	ANAPLASTIC LARGE CELL LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES - ANAPLASTIC LARGE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
	LARGE CELL LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES - LARGE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES

200.70 - 200.78 opens in new window	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA UNSPECIFIED SITE - OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
200.80 - 200.88 opens in new window	
201.00 - 201.98 opens in new window	HODGKIN'S PARAGRANULOMA UNSPECIFIED SITE - HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF MULTIPLE SITES
202.00 - 202.08 opens in new window	NODULAR LYMPHOMA UNSPECIFIED SITE - NODULAR LYMPHOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
202.10 - 202.18 opens in new window	MYCOSIS FUNGOIDES UNSPECIFIED SITE - MYCOSIS FUNGOIDES INVOLVING LYMPH NODES OF MULTIPLE SITES
202.20 - 202.28 opens in new window	SEZARY'S DISEASE UNSPECIFIED SITE - SEZARY'S DISEASE INVOLVING LYMPH NODES OF MULTIPLE SITES
202.30 - 202.38 opens in new window	MALIGNANT HISTIOCYTOSIS UNSPECIFIED SITE - MALIGNANT HISTIOCYTOSIS INVOLVING LYMPH NODES OF MULTIPLE SITES
202.40 - 202.48 opens in new window	LEUKEMIC RETICULOENDOTHELIOSIS UNSPECIFIED SITE - LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING LYMPH NODES OF MULTIPLE SITES
202.50 - 202.58 opens in new window	LETTERER-SIWE DISEASE UNSPECIFIED SITE - LETTERER-SIWE DISEASE INVOLVING LYMPH NODES OF MULTIPLE SITES
202.60 - 202.68 opens in new window	MALIGNANT MAST CELL TUMORS UNSPECIFIED SITE - MALIGNANT MAST CELL TUMORS INVOLVING LYMPH NODES OF MULTIPLE SITES
202.70 - 202.78 opens in new window	PERIPHERAL T CELL LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES - PERIPHERAL T CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
202.80 - 202.88 opens in new window	OTHER MALIGNANT LYMPHOMAS UNSPECIFIED SITE - OTHER MALIGNANT LYMPHOMAS INVOLVING LYMPH NODES OF MULTIPLE SITES
202.90 - 202.98 opens in new window	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE UNSPECIFIED SITE - OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING LYMPH NODES OF MULTIPLE SITES
203.00	MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
203.01	MULTIPLE MYELOMA IN REMISSION
203.02	MULTIPLE MYELOMA, IN RELAPSE
203.10	PLASMA CELL LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
203.11	PLASMA CELL LEUKEMIA IN REMISSION
203.12	PLASMA CELL LEUKEMIA, IN RELAPSE
203.80	OTHER IMMUNOPROLIFERATIVE NEOPLASMS, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
203.81	OTHER IMMUNOPROLIFERATIVE NEOPLASMS IN REMISSION
203.82	OTHER IMMUNOPROLIFERATIVE NEOPLASMS, IN RELAPSE
204.00	ACUTE LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.01	LYMPHOID LEUKEMIA ACUTE IN REMISSION
204.02	ACUTE LYMPHOID LEUKEMIA, IN RELAPSE
204.10	CHRONIC LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.11	LYMPHOID LEUKEMIA CHRONIC IN REMISSION
204.12	CHRONIC LYMPHOID LEUKEMIA, IN RELAPSE
204.20	SUBACUTE LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.21	LYMPHOID LEUKEMIA SUBACUTE IN REMISSION
204.22	SUBACUTE LYMPHOID LEUKEMIA, IN RELAPSE
204.80	OTHER LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.81	OTHER LYMPHOID LEUKEMIA IN REMISSION
204.82	OTHER LYMPHOID LEUKEMIA, IN RELAPSE
204.90	UNSPECIFIED LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.91	UNSPECIFIED LYMPHOID LEUKEMIA IN REMISSION

204.92 UNSPECIFIED LYMPHOID LEUKEMIA, IN RELAPSE
 205.00 ACUTE MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
 205.01 MYELOID LEUKEMIA ACUTE IN REMISSION
 205.02 ACUTE MYELOID LEUKEMIA, IN RELAPSE
 205.10 CHRONIC MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
 205.11 MYELOID LEUKEMIA CHRONIC IN REMISSION
 205.12 CHRONIC MYELOID LEUKEMIA, IN RELAPSE
 205.20 SUBACUTE MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
 205.21 MYELOID LEUKEMIA SUBACUTE IN REMISSION
 205.22 SUBACUTE MYELOID LEUKEMIA, IN RELAPSE
 205.30 MYELOID SARCOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
 205.31 MYELOID SARCOMA IN REMISSION
 205.32 MYELOID SARCOMA, IN RELAPSE
 205.80 OTHER MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
 205.81 OTHER MYELOID LEUKEMIA IN REMISSION
 205.82 OTHER MYELOID LEUKEMIA, IN RELAPSE
 205.90 UNSPECIFIED MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
 205.91 UNSPECIFIED MYELOID LEUKEMIA IN REMISSION
 205.92 UNSPECIFIED MYELOID LEUKEMIA, IN RELAPSE
 206.00 ACUTE MONOCYTTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
 206.01 MONOCYTTIC LEUKEMIA ACUTE IN REMISSION
 206.02 ACUTE MONOCYTTIC LEUKEMIA, IN RELAPSE
 206.10 CHRONIC MONOCYTTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
 206.11 MONOCYTTIC LEUKEMIA CHRONIC IN REMISSION
 206.12 CHRONIC MONOCYTTIC LEUKEMIA, IN RELAPSE
 206.20 SUBACUTE MONOCYTTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
 206.21 MONOCYTTIC LEUKEMIA SUBACUTE IN REMISSION
 206.22 SUBACUTE MONOCYTTIC LEUKEMIA, IN RELAPSE
 206.80 OTHER MONOCYTTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
 206.81 OTHER MONOCYTTIC LEUKEMIA IN REMISSION
 206.82 OTHER MONOCYTTIC LEUKEMIA, IN RELAPSE
 206.90 UNSPECIFIED MONOCYTTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED
 REMISSION
 206.91 UNSPECIFIED MONOCYTTIC LEUKEMIA IN REMISSION
 206.92 UNSPECIFIED MONOCYTTIC LEUKEMIA, IN RELAPSE
 207.00 ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED
 REMISSION
 207.01 ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA IN REMISSION
 207.02 ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA, IN RELAPSE
 207.10 CHRONIC ERYTHREMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
 207.11 CHRONIC ERYTHREMIA IN REMISSION
 207.12 CHRONIC ERYTHREMIA, IN RELAPSE
 207.20 MEGAKARYOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
 207.21 MEGAKARYOCYTIC LEUKEMIA IN REMISSION
 207.22 MEGAKARYOCYTIC LEUKEMIA, IN RELAPSE
 207.80 OTHER SPECIFIED LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
 207.81 OTHER SPECIFIED LEUKEMIA IN REMISSION
 207.82 OTHER SPECIFIED LEUKEMIA, IN RELAPSE
 208.00 ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED
 REMISSION
 208.01 LEUKEMIA OF UNSPECIFIED CELL TYPE ACUTE IN REMISSION
 208.02 ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
 208.10 CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING
 ACHIEVED REMISSION
 208.11 LEUKEMIA OF UNSPECIFIED CELL TYPE CHRONIC IN REMISSION
 208.12 CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
 208.20 SUBACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING
 ACHIEVED REMISSION
 208.21 LEUKEMIA OF UNSPECIFIED CELL TYPE SUBACUTE IN REMISSION
 208.22 SUBACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE

208.80 OTHER LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISSION

208.81 OTHER LEUKEMIA OF UNSPECIFIED CELL TYPE IN REMISSION

208.82 OTHER LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE

208.90 UNSPECIFIED LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION

208.91 UNSPECIFIED LEUKEMIA IN REMISSION

208.92 UNSPECIFIED LEUKEMIA, IN RELAPSE

[242.90 - 242.91 opens in new window](#) THYROTOXICOSIS WITHOUT GOITER OR OTHER CAUSE AND WITHOUT THYROTOXIC CRISIS OR STORM - THYROTOXICOSIS WITHOUT GOITER OR OTHER CAUSE WITH THYROTOXIC CRISIS OR STORM

252.00 HYPERPARATHYROIDISM, UNSPECIFIED

[252.01 - 252.08 opens in new window](#) PRIMARY HYPERPARATHYROIDISM - OTHER HYPERPARATHYROIDISM

252.1 HYPOPARATHYROIDISM

252.8 OTHER SPECIFIED DISORDERS OF PARATHYROID GLAND

252.9 UNSPECIFIED DISORDER OF PARATHYROID GLAND

253.0 ACROMEGALY AND GIGANTISM

259.3 ECTOPIC HORMONE SECRETION NOT ELSEWHERE CLASSIFIED

263.9 UNSPECIFIED PROTEIN-CALORIE MALNUTRITION

268.0 RICKETS ACTIVE

268.1 RICKETS LATE EFFECT

268.2 OSTEOMALACIA UNSPECIFIED

268.9 UNSPECIFIED VITAMIN D DEFICIENCY

273.8 OTHER DISORDERS OF PLASMA PROTEIN METABOLISM

275.2 DISORDERS OF MAGNESIUM METABOLISM

275.3 DISORDERS OF PHOSPHORUS METABOLISM

275.40 UNSPECIFIED DISORDER OF CALCIUM METABOLISM

275.41 HYPOCALCEMIA

275.42 HYPERCALCEMIA

275.49 OTHER DISORDERS OF CALCIUM METABOLISM

275.5 HUNGRY BONE SYNDROME

275.8 OTHER SPECIFIED DISORDERS OF MINERAL METABOLISM

276.0 HYPEROSMOLALITY AND/OR HYPERNATREMIA

276.2 ACIDOSIS

276.3 ALKALOSIS

276.4 MIXED ACID-BASE BALANCE DISORDER

276.50 VOLUME DEPLETION, UNSPECIFIED

276.51 DEHYDRATION

276.52 HYPOVOLEMIA

276.61 TRANSFUSION ASSOCIATED CIRCULATORY OVERLOAD

276.69 OTHER FLUID OVERLOAD

276.7 HYPERPOTASSEMIA

276.8 HYPOPOTASSEMIA

276.9 ELECTROLYTE AND FLUID DISORDERS NOT ELSEWHERE CLASSIFIED

[277.30 - 277.39 opens in new window](#) AMYLOIDOSIS, UNSPECIFIED - OTHER AMYLOIDOSIS

278.4 HYPERVITAMINOSIS D

401.1 BENIGN ESSENTIAL HYPERTENSION

403.01 HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE

403.11 HYPERTENSIVE CHRONIC KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE

403.90 HYPERTENSIVE CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED

403.91 HYPERTENSIVE CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE

404.02 HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE

404.12

404.92 HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
 427.5 HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
 518.51 CARDIAC ARREST
 518.52 ACUTE RESPIRATORY FAILURE FOLLOWING TRAUMA AND SURGERY
 518.53 OTHER PULMONARY INSUFFICIENCY, NOT ELSEWHERE CLASSIFIED, FOLLOWING TRAUMA AND SURGERY
 518.7 ACUTE AND CHRONIC RESPIRATORY FAILURE FOLLOWING TRAUMA AND SURGERY
 518.81 TRANSFUSION RELATED ACUTE LUNG INJURY (TRALI)
 564.00 ACUTE RESPIRATORY FAILURE
 571.2 UNSPECIFIED CONSTIPATION
 571.40 ALCOHOLIC CIRRHOSIS OF LIVER
 571.42 CHRONIC HEPATITIS UNSPECIFIED
 571.49 AUTOIMMUNE HEPATITIS
 571.5 OTHER CHRONIC HEPATITIS
 571.6 CIRRHOSIS OF LIVER WITHOUT ALCOHOL
 577.0 BILIARY CIRRHOSIS
 577.1 ACUTE PANCREATITIS
 579.0 - CHRONIC PANCREATITIS
[579.4 opens in new window](#) CELIAC DISEASE - PANCREATIC STEATORRHEA
[579.8 - 579.9 opens in new window](#) OTHER SPECIFIED INTESTINAL MALABSORPTION - UNSPECIFIED INTESTINAL MALABSORPTION
 584.5 ACUTE KIDNEY FAILURE WITH LESION OF TUBULAR NECROSIS
 584.6 ACUTE KIDNEY FAILURE WITH LESION OF RENAL CORTICAL NECROSIS
 584.7 ACUTE KIDNEY FAILURE WITH LESION OF RENAL MEDULLARY [PAPILLARY] NECROSIS
 584.8 ACUTE KIDNEY FAILURE WITH OTHER SPECIFIED PATHOLOGICAL LESION IN KIDNEY
 584.9 ACUTE KIDNEY FAILURE, UNSPECIFIED
[585.1 - 585.9 opens in new window](#) CHRONIC KIDNEY DISEASE, STAGE I - CHRONIC KIDNEY DISEASE, UNSPECIFIED
 586 RENAL FAILURE UNSPECIFIED
 587 RENAL SCLEROSIS UNSPECIFIED
 588.0 RENAL OSTEODYSTROPHY
[588.81 - 588.89 opens in new window](#) SECONDARY HYPERPARATHYROIDISM (OF RENAL ORIGIN) - OTHER SPECIFIED DISORDERS RESULTING FROM IMPAIRED RENAL FUNCTION
 588.9 UNSPECIFIED DISORDER RESULTING FROM IMPAIRED RENAL FUNCTION
[592.0 - 592.1 opens in new window](#) CALCULUS OF KIDNEY - CALCULUS OF URETER
 594.2 CALCULUS IN URETHRA
 594.8 OTHER LOWER URINARY TRACT CALCULUS
 594.9 CALCULUS OF LOWER URINARY TRACT UNSPECIFIED
 714.0 RHEUMATOID ARTHRITIS
 731.0 OSTEITIS DEFORMANS WITHOUT BONE TUMOR
 731.3 MAJOR OSSEOUS DEFECTS
 733.00 OSTEOPOROSIS UNSPECIFIED
[733.01 - 733.09 opens in new window](#) SENILE OSTEOPOROSIS - OTHER OSTEOPOROSIS
[733.10 - 733.19 opens in new window](#) PATHOLOGICAL FRACTURE UNSPECIFIED SITE - PATHOLOGICAL FRACTURE OF OTHER SPECIFIED SITE
 733.90 DISORDER OF BONE AND CARTILAGE UNSPECIFIED
 733.96 STRESS FRACTURE OF FEMORAL NECK
 733.97 STRESS FRACTURE OF SHAFT OF FEMUR
 733.98 STRESS FRACTURE OF PELVIS

775.4	HYPOCALCEMIA AND HYPOMAGNESEMIA OF NEWBORN
775.7	LATE METABOLIC ACIDOSIS OF NEWBORN
775.81 - 775.89 opens in new window	OTHER ACIDOSIS OF NEWBORN - OTHER NEONATAL ENDOCRINE AND METABOLIC DISTURBANCES
775.9	UNSPECIFIED ENDOCRINE AND METABOLIC DISTURBANCES SPECIFIC TO THE FETUS AND NEWBORN
780.01	COMA
780.31 - 780.32 opens in new window	FEBRILE CONVULSIONS (SIMPLE), UNSPECIFIED - COMPLEX FEBRILE CONVULSIONS
780.33	POST TRAUMATIC SEIZURES
780.39	OTHER CONVULSIONS
780.71	CHRONIC FATIGUE SYNDROME
780.79	OTHER MALAISE AND FATIGUE
780.97	ALTERED MENTAL STATUS
781.0	ABNORMAL INVOLUNTARY MOVEMENTS
781.7	TETANY
785.50 - 785.59 opens in new window	SHOCK UNSPECIFIED - OTHER SHOCK WITHOUT TRAUMA
787.01 - 787.03 opens in new window	NAUSEA WITH VOMITING - VOMITING ALONE
787.04	BILIOUS EMESIS
787.20	DYSPHAGIA, UNSPECIFIED
787.21	DYSPHAGIA, ORAL PHASE
787.22	DYSPHAGIA, OROPHARYNGEAL PHASE
787.23	DYSPHAGIA, PHARYNGEAL PHASE
787.24	DYSPHAGIA, PHARYNGOESOPHAGEAL PHASE
787.29	OTHER DYSPHAGIA
788.42	POLYURIA
963.5	POISONING BY VITAMINS NOT ELSEWHERE CLASSIFIED
996.81	COMPLICATIONS OF TRANSPLANTED KIDNEY
996.83	COMPLICATIONS OF TRANSPLANTED HEART
996.87	COMPLICATIONS OF TRANSPLANTED ORGAN INTESTINE
996.88	COMPLICATIONS OF TRANSPLANTED ORGAN, STEM CELL
V42.0	KIDNEY REPLACED BY TRANSPLANT
V42.1	HEART REPLACED BY TRANSPLANT
V56.0	AFTERCARE INVOLVING EXTRACORPOREAL DIALYSIS
V58.69	LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS

ICD-9 Codes that DO NOT Support Medical Necessity

Paragraph: N/A

N/A

[Back to Top](#)

General Information

Associated Information

Documentation supporting medical necessity should be legible, maintained in the patient's medical record, and must be made available to the A/B MAC upon request.

[Back to Top](#)

Revision History Information

Please note: Most Revision History entries effective on or before 01/24/2013 display with a Revision History Number of "R1" at the bottom of this table. However, there may be LCDs where these entries will display as a separate and distinct row.

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
11/21/2013	R2	<p>Under CMS National Coverage Policy deleted the following cited manual reference: CMS Manual System, Pub. 100-08, Medicare Program Integrity Manual, Chapter 13, §§13.1.1-13.13.14. Under Revenue Codes deleted revenue code 0303. Under Associated Information added the verbiage that was previously found under Documentation Requirements. Under Sources of Information and Basis for Decision author initials were added to the following cited source: Jacobs D, Demott W, Finley P, Horvat R, Kasten B, Tilzer L, eds. <i>Laboratory Test Handbook</i>. 3rd ed. Ohio: Lexi-Comp, Inc; 1994:159 and deleted the following source of information: CMD Clinical Laboratory Workgroup. This revision becomes effective 11/21/2013.</p> <p>Revision #3, 12/06/2012 Under ICD-9 Codes That Support Medical Necessity added the following ICD-9 codes 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.8, 175.0, 175.9, 176.0, 176.1, 176.2, 176.3, 176.4, 176.5, 176.8 and 176.9. Under Documentation Requirements changed the word "Intermediary" to "A/B MAC." annual review completed. This revision becomes effective on 12/06/2012.</p>	<ul style="list-style-type: none"> • Provider Education/Guidance • Other
12/06/2012	R1	<p>Revision #2, 10/01/2011 Under ICD-9 Codes That Support Medical Necessity the following ICD-9 codes were added: 518.51, 518.52, 518.53 and 996.88. The following ICD-9 codes expanded to a 5th digit: 173.0 expanded to 173.00, 173.01, 173.02 and 173.09. 173.1 expanded to 173.10, 173.11, 173.12 and 173.19. 173.2 expanded to 173.20, 173.21, 173.22 and 173.29. 173.3 expanded to 173.30, 173.00, 173.31, 173.32 and 173.39. 173.4 expanded to 173.40, 174.41, 174.42 and 174.49. 173.5 expanded to 173.50, 173.51, 173.52 and 173.59. 173.6 expanded to 173.60, 173.61, 173.62 and 173.69. 173.7 expanded to 173.70, 173.71, 173.72 and 173.79. 173.8 expanded to 173.80, 173.81, 173.82 and 173.89. 173.9 expanded to 173.90, 173.91, 173.92 and 173.99. This revision becomes effective on 10/01/2011.</p>	<ul style="list-style-type: none"> • ICD9 Addition/Deletion • Maintenance (annual review with now changes, formatting, etc)
		<p>Revision #1, 05/16/2011 Per scheduled J11 implementation, contractor numbers 11301 (Virginia) and 11401 (West Virginia) were added to this LCD. This revision becomes effective on 05/16/2011.</p>	

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		01/24/2011 - In accordance with Section 911 of the Medicare Modernization Act of 2003, in compliance with the J11 AB MAC Statement of Work (SOW), C.5.1.8.2 – Consolidation of Local Coverage Determinations, this LCD has been selected for implementation within the Palmetto GBA J11 AB MAC territory. Effective date of this implementation is January 24, 2011.	

[Back to Top](#)

[Associated Documents](#)

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 11/15/2013 with effective dates 11/21/2013 - N/A [Updated on 11/29/2012 with effective dates 12/06/2012 - 11/20/2013](#) Some older versions have been archived. Please visit the [MCD Archive Site opens in new window](#) to retrieve them. [Back to Top](#)

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