

# Local Coverage Determination (LCD) for Lipid Profile/Cholesterol Testing (L31555)

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## Contractor Information

**Contractor Name**

Palmetto GBA

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11201

**Contractor Type**

MAC - Part A

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## LCD Information

**Document Information****LCD ID Number**

L31555

**Primary Geographic Jurisdiction**

South Carolina

**LCD Title**

Lipid Profile/Cholesterol Testing

**Oversight Region**

Region IV

**Contractor's Determination Number**

J11A-11-022-L

**Original Determination Effective Date**

For services performed on or after 01/24/2011

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**Original Determination Ending Date****Revision Effective Date**

For services performed on or after 10/01/2011

**Revision Ending Date****CMS National Coverage Policy**

Language quoted from Centers for Medicare and Medicaid Services (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 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

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 1862 (a)(7) this section excludes routine physical examinations.

Code of Federal Regulations:

42 CFR Section 410.32 indicates that diagnostic tests may only be ordered by the treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements).

## Federal Register:

Federal Register vol. 66, no. 226, November 23, 2001 pp. 58815-58817, this issue includes 23 Negotiated Rulemaking National Coverage Decision for Clinical Diagnostic Laboratory Services.

## CMS Publications:

CMS Publication 100-03, *Medical National Coverage Determination Manual*, Chapter 1:

190.23 NCD for Lipid Testing.

CMS Transmittal 380, Publication 100-04, *Medicare Processing Manual*, Change Request 3429, November 26, 2004, Implementation and Updates of Negotiated National Coverage Determinations (NCDs) or Clinical Diagnostic Laboratory Services.

CMS Transmittal No. 1766, Publication 100-04, *Medicare Claims Processing Manual*, Change Request #6548, July 10, 2009, Changes to the laboratory national coverage determination (NCD) edit software for October 2009.

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).

## **Indications and Limitations of Coverage and/or Medical Necessity**

### **Abstract**

*Lipoproteins are a class of heterogeneous particles of varying sizes and densities containing lipid and protein. These lipoproteins include cholesterol esters and free cholesterol, triglycerides, phospholipids and A, C, and E apoproteins. Total cholesterol comprises all the cholesterol found in various lipoproteins.*

*Factors that affect blood cholesterol levels include age, sex, body weight, diet, alcohol and tobacco use, exercise, genetic factors, family history, medications, menopausal status, the use of hormone replacement therapy, and chronic disorders such as hypothyroidism, obstructive liver disease, pancreatic disease diabetes and kidney disease.*

*In many individuals, an elevated lipid level increases the risk of developing coronary artery and other atherosclerotic disease. Blood levels of total cholesterol and various fractions of cholesterol, especially low density lipoprotein cholesterol (LDL-C) and high density lipoprotein cholesterol (HDL-C), and triglycerides are useful in assessing and monitoring treatment for that risk in patients with cardiovascular and related diseases. Therapy to reduce these risk parameters includes diet, exercise and medication.*

The serum LDL concentration may be calculated using the Friedewald formula ( $LDL = \text{total cholesterol} - HDL - \text{triglycerides}/5$ ). This formula is valid only for triglyceride levels less than 400mg/dL. The LDL should be measured directly when the triglyceride level exceeds this value. This calculation may not accurately calculate the LDL in alcoholic patients. These patients may also require direct measurement of the serum LDL. This LCD defines national coverage criteria for lipid profile tests, as well as local coverage criteria for specific tests.

### **Indications**

*Conditions in which lipid testing may be indicated include:*

- *assessment of patients with atherosclerotic cardiovascular disease;*
- *evaluation of primary dyslipidemia;*
- *any form of atherosclerotic disease, or any disease leading to the formation of atherosclerotic disease;*
- *diagnostic evaluation of diseases associated with altered lipid metabolism, such as: nephrotic syndrome, pancreatitis, hepatic disease, and hypo and hyperthyroidism;*
- *secondary dyslipidemia, including diabetes mellitus, disorders of gastrointestinal absorption, chronic renal failure;*
- *signs of dyslipidemias, such as skin lesions;*
- *as follow up to the initial screen for coronary heart disease (total cholesterol + HDL cholesterol) when total cholesterol is determined to be high (> 240 mg/dL), or borderline-high (200-240 mg/dL) plus two or more coronary heart disease risk factors, or an HDL cholesterol <35 mg/dL.*

*Lipid panel and hepatic panel testing may be used for patients with severe psoriasis which has not responded to conventional therapy and for which the retinoid etretinate has been prescribed and who have developed hyperlipidemia or hepatic toxicity. Specific examples include erythrodermia and generalized pustular type of psoriasis associated with arthritis.*

*To monitor the progress of patients on anti lipid dietary management and pharmacologic therapy for the treatment of elevated blood lipid disorders, total cholesterol, HDL cholesterol and LDL cholesterol may be used. Triglycerides may be obtained if this lipid fraction is also elevated or if the patient is put on drugs (for example, thiazide diuretics, beta-blockers, estrogens, glucocorticoids, and tamoxifen) which may raise the triglyceride level.*

*Electrophoretic or other quantitation of lipoproteins may be indicated if the patient has a primary disorder of lipid metabolism (ICD-9-CM codes 272.0 to 272.9).*

## **Limitations**

Tests not ordered by a treating physician will be denied as not medically necessary.

Claims for VLDL (83719) and lipoprotein (a) (82172) will be denied as not medically necessary, since NCEP recommendations do not include monitoring of VLDL or apolipoprotein levels for treatment of elevated cholesterol as risk factors for coronary and vascular atherosclerosis.

*Once a diagnosis is established, one or several specific tests are usually adequate for monitoring the course of the disease. Less specific diagnoses (for example, other chest pain) alone do not support medical necessity of these tests.*

*If no dietary or pharmacological therapy is advised, monitoring is not necessary and will be denied.*

*When evaluating non specific chronic abnormalities of the liver (for example, elevations of transaminase, alkaline phosphatase, abnormal imaging studies, etc.), a lipid panel would generally not be indicated more than twice per year.*

When monitoring serum LDL levels, it is usually not necessary to obtain a lipid panel 80061 (total cholesterol, HDL and triglycerides) and a measured LDL-cholesterol (83721) on the same day, unless the serum triglyceride level is greater than 400mg/dl. Consequently, if requested on the same day as a lipid panel, the measured LDL should only be ordered as a reflex test, to be performed if the triglycerides exceed this value.

## **Other Comments:**

Limitations of liability and refund requirements apply when denials are based on medical necessity. 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 considered medically necessary 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.

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 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.)

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## **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.

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012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
014x	Hospital - Laboratory Services Provided to Non-patients
018x	Hospital - Swing Beds
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient
071x	Clinic - Rural Health
072x	Clinic - Hospital Based or Independent Renal Dialysis Center
073x	Clinic - Freestanding
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.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

0300	Laboratory - General Classification
0301	Laboratory - Chemistry
0309	Laboratory - Other Laboratory
0971	Professional Fees - Laboratory

### CPT/HCPCS Codes

#### GroupName

**CPT code 80061 Lipid panel must include procedures 82465, 83718, 84478.**

**\*Claims for VLDL (83719) and lipoprotein (a)(82172) will be denied as not medical necessary, since NCEP recommendations do not include monitoring of VLDL or apolipoprotein levels for treatment of elevated cholesterol as risk factors for coronary and vascular atherosclerosis.**

80061	LIPID PANEL
82172	APOLIPOPROTEIN, EACH
82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL
83700	LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPARATION AND QUANTITATION
83701	LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEINS INCLUDING LIPOPROTEIN SUBCLASSES WHEN PERFORMED (EG, ELECTROPHORESIS, ULTRACENTRIFUGATION)
83704	LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBERS AND LIPOPROTEIN PARTICLE SUBCLASSES (EG, BY NUCLEAR MAGNETIC RESONANCE SPECTROSCOPY)
83718	LIPOPROTEIN, DIRECT MEASUREMENT; HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL)
83719	LIPOPROTEIN, DIRECT MEASUREMENT; VLDL CHOLESTEROL
83721	LIPOPROTEIN, DIRECT MEASUREMENT; LDL CHOLESTEROL
84478	TRIGLYCERIDES

### 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 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.

242.00	TOXIC DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM
242.01	TOXIC DIFFUSE GOITER WITH THYROTOXIC CRISIS OR STORM
242.10	TOXIC UNINODULAR GOITER WITHOUT THYROTOXIC CRISIS OR STORM
242.11	TOXIC UNINODULAR GOITER WITH THYROTOXIC CRISIS OR STORM
242.20	TOXIC MULTINODULAR GOITER WITHOUT THYROTOXIC CRISIS OR STORM
242.21	TOXIC MULTINODULAR GOITER WITH THYROTOXIC CRISIS OR STORM
242.30	TOXIC NODULAR GOITER UNSPECIFIED TYPE WITHOUT THYROTOXIC CRISIS OR STORM
242.31	TOXIC NODULAR GOITER UNSPECIFIED TYPE WITH THYROTOXIC CRISIS OR STORM
242.40	THYROTOXICOSIS FROM ECTOPIC THYROID NODULE WITHOUT THYROTOXIC CRISIS OR STORM
242.41	THYROTOXICOSIS FROM ECTOPIC THYROID NODULE WITH THYROTOXIC CRISIS OR STORM
242.80	THYROTOXICOSIS OF OTHER SPECIFIED ORIGIN WITHOUT THYROTOXIC CRISIS OR STORM
242.81	THYROTOXICOSIS OF OTHER SPECIFIED ORIGIN WITH THYROTOXIC CRISIS OR STORM
242.90	THYROTOXICOSIS WITHOUT GOITER OR OTHER CAUSE AND WITHOUT THYROTOXIC CRISIS OR STORM
242.91	THYROTOXICOSIS WITHOUT GOITER OR OTHER CAUSE WITH THYROTOXIC CRISIS OR STORM
243	CONGENITAL HYPOTHYROIDISM
244.0	POSTSURGICAL HYPOTHYROIDISM
244.1	OTHER POSTABLATIVE HYPOTHYROIDISM
244.2	IODINE HYPOTHYROIDISM
244.3	OTHER IATROGENIC HYPOTHYROIDISM
244.8	OTHER SPECIFIED ACQUIRED HYPOTHYROIDISM
244.9	UNSPECIFIED ACQUIRED HYPOTHYROIDISM
245.0	ACUTE THYROIDITIS
245.1	SUBACUTE THYROIDITIS
245.2	CHRONIC LYMPHOCYTIC THYROIDITIS
245.3	CHRONIC FIBROUS THYROIDITIS
245.4	IATROGENIC THYROIDITIS
245.8	OTHER AND UNSPECIFIED CHRONIC THYROIDITIS
245.9	THYROIDITIS UNSPECIFIED
249.00	SECONDARY DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.01	SECONDARY DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, UNCONTROLLED
249.10	SECONDARY DIABETES MELLITUS WITH KETOACIDOSIS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.11	SECONDARY DIABETES MELLITUS WITH KETOACIDOSIS, UNCONTROLLED
249.20	SECONDARY DIABETES MELLITUS WITH HYPEROSMOLARITY, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.21	SECONDARY DIABETES MELLITUS WITH HYPEROSMOLARITY, UNCONTROLLED
249.30	SECONDARY DIABETES MELLITUS WITH OTHER COMA, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.31	SECONDARY DIABETES MELLITUS WITH OTHER COMA, UNCONTROLLED
249.40	SECONDARY DIABETES MELLITUS WITH RENAL MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.41	SECONDARY DIABETES MELLITUS WITH RENAL MANIFESTATIONS, UNCONTROLLED

249.50	SECONDARY DIABETES MELLITUS WITH OPHTHALMIC MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.51	SECONDARY DIABETES MELLITUS WITH OPHTHALMIC MANIFESTATIONS, UNCONTROLLED
249.60	SECONDARY DIABETES MELLITUS WITH NEUROLOGICAL MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.61	SECONDARY DIABETES MELLITUS WITH NEUROLOGICAL MANIFESTATIONS, UNCONTROLLED
249.70	SECONDARY DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY DISORDERS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.71	SECONDARY DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY DISORDERS, UNCONTROLLED
249.80	SECONDARY DIABETES MELLITUS WITH OTHER SPECIFIED MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.81	SECONDARY DIABETES MELLITUS WITH OTHER SPECIFIED MANIFESTATIONS, UNCONTROLLED
249.90	SECONDARY DIABETES MELLITUS WITH UNSPECIFIED COMPLICATION, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.91	SECONDARY DIABETES MELLITUS WITH UNSPECIFIED COMPLICATION, UNCONTROLLED
250.00	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.01	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.02	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.03	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.10	DIABETES WITH KETOACIDOSIS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.11	DIABETES WITH KETOACIDOSIS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.12	DIABETES WITH KETOACIDOSIS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.13	DIABETES WITH KETOACIDOSIS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.20	DIABETES WITH HYPEROSMOLARITY, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.21	DIABETES WITH HYPEROSMOLARITY, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.22	DIABETES WITH HYPEROSMOLARITY, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.23	DIABETES WITH HYPEROSMOLARITY, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.30	DIABETES WITH OTHER COMA, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.31	DIABETES WITH OTHER COMA, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.32	DIABETES WITH OTHER COMA, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.33	DIABETES WITH OTHER COMA, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.40	DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.41	DIABETES WITH RENAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.42	DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.43	DIABETES WITH RENAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.50	

	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.51	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.52	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.53	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.60	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.61	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.62	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.63	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.70	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.71	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.72	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.73	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.80	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.81	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.82	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.83	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.90	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.91	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.92	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.93	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE I [JUVENILE TYPE], UNCONTROLLED
255.0	CUSHING'S SYNDROME
260	KWASHIORKOR
261	NUTRITIONAL MARASMUS
262	OTHER SEVERE PROTEIN-CALORIE MALNUTRITION
263.0	MALNUTRITION OF MODERATE DEGREE
263.1	MALNUTRITION OF MILD DEGREE
263.8	OTHER PROTEIN-CALORIE MALNUTRITION
263.9	UNSPECIFIED PROTEIN-CALORIE MALNUTRITION
270.0	DISTURBANCES OF AMINO-ACID TRANSPORT
271.1	GALACTOSEMIA
272.0	PURE HYPERCHOLESTEROLEMIA
272.1	PURE HYPERGLYCERIDEMIA
272.2	MIXED HYPERLIPIDEMIA
272.3	HYPERCHYLOMICRONEMIA

272.4	OTHER AND UNSPECIFIED HYPERLIPIDEMIA
272.5	LIPOPROTEIN DEFICIENCIES
272.6	LIPODYSTROPHY
272.7	LIPIDOSES
272.8	OTHER DISORDERS OF LIPOID METABOLISM
272.9	UNSPECIFIED DISORDER OF LIPOID METABOLISM
277.30	AMYLOIDOSIS, UNSPECIFIED
277.31	FAMILIAL MEDITERRANEAN FEVER
277.39	OTHER AMYLOIDOSIS
278.00	OBESITY UNSPECIFIED
278.01	MORBID OBESITY
278.02	OVERWEIGHT
278.03	OBESITY HYPOVENTILATION SYNDROME
303.90	OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE UNSPECIFIED DRINKING BEHAVIOR
303.91	OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE CONTINUOUS DRINKING BEHAVIOR
303.92	OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE EPISODIC DRINKING BEHAVIOR
362.10	BACKGROUND RETINOPATHY UNSPECIFIED
362.11	HYPERTENSIVE RETINOPATHY
362.12	EXUDATIVE RETINOPATHY
362.13	CHANGES IN VASCULAR APPEARANCE OF RETINA
362.14	RETINAL MICROANEURYSMS NOS
362.15	RETINAL TELANGIECTASIA
362.16	RETINAL NEOVASCULARIZATION NOS
362.30	RETINAL VASCULAR OCCLUSION UNSPECIFIED
362.31	CENTRAL RETINAL ARTERY OCCLUSION
362.32	RETINAL ARTERIAL BRANCH OCCLUSION
362.33	PARTIAL RETINAL ARTERIAL OCCLUSION
362.34	TRANSIENT RETINAL ARTERIAL OCCLUSION
362.82	RETINAL EXUDATES AND DEPOSITS
371.41	SENILE CORNEAL CHANGES
374.51	XANTHELASMA OF EYELID
379.22	CRYSTALLINE DEPOSITS IN VITREOUS
388.00	DEGENERATIVE AND VASCULAR DISORDERS UNSPECIFIED
388.02	TRANSIENT ISCHEMIC DEAFNESS
401.0	MALIGNANT ESSENTIAL HYPERTENSION
401.1	BENIGN ESSENTIAL HYPERTENSION
401.9	UNSPECIFIED ESSENTIAL HYPERTENSION
402.00	MALIGNANT HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE
402.01	MALIGNANT HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
402.10	BENIGN HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE
402.11	BENIGN HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
402.90	UNSPECIFIED HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE
402.91	UNSPECIFIED HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
403.00	HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
403.01	HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
403.10	HYPERTENSIVE CHRONIC KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED



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
404.00	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.01	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.02	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.03	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.10	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.11	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.12	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.13	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.90	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.91	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.92	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.93	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
405.01	MALIGNANT RENOVASCULAR HYPERTENSION
405.09	OTHER MALIGNANT SECONDARY HYPERTENSION
405.11	BENIGN RENOVASCULAR HYPERTENSION
405.19	OTHER BENIGN SECONDARY HYPERTENSION
405.91	UNSPECIFIED RENOVASCULAR HYPERTENSION
405.99	OTHER UNSPECIFIED SECONDARY HYPERTENSION
410.00	ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE UNSPECIFIED
410.01	ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL INITIAL EPISODE OF CARE
410.02	ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL SUBSEQUENT EPISODE OF CARE
410.10	ACUTE MYOCARDIAL INFARCTION OF OTHER ANTERIOR WALL EPISODE OF CARE UNSPECIFIED
410.11	ACUTE MYOCARDIAL INFARCTION OF OTHER ANTERIOR WALL INITIAL EPISODE OF CARE

410.12	ACUTE MYOCARDIAL INFARCTION OF OTHER ANTERIOR WALL SUBSEQUENT EPISODE OF CARE
410.20	ACUTE MYOCARDIAL INFARCTION OF INFEROLATERAL WALL EPISODE OF CARE UNSPECIFIED
410.21	ACUTE MYOCARDIAL INFARCTION OF INFEROLATERAL WALL INITIAL EPISODE OF CARE
410.22	ACUTE MYOCARDIAL INFARCTION OF INFEROLATERAL WALL SUBSEQUENT EPISODE OF CARE
410.30	ACUTE MYOCARDIAL INFARCTION OF INFEROPOSTERIOR WALL EPISODE OF CARE UNSPECIFIED
410.31	ACUTE MYOCARDIAL INFARCTION OF INFEROPOSTERIOR WALL INITIAL EPISODE OF CARE
410.32	ACUTE MYOCARDIAL INFARCTION OF INFEROPOSTERIOR WALL SUBSEQUENT EPISODE OF CARE
410.40	ACUTE MYOCARDIAL INFARCTION OF OTHER INFERIOR WALL EPISODE OF CARE UNSPECIFIED
410.41	ACUTE MYOCARDIAL INFARCTION OF OTHER INFERIOR WALL INITIAL EPISODE OF CARE
410.42	ACUTE MYOCARDIAL INFARCTION OF OTHER INFERIOR WALL SUBSEQUENT EPISODE OF CARE
410.50	ACUTE MYOCARDIAL INFARCTION OF OTHER LATERAL WALL EPISODE OF CARE UNSPECIFIED
410.51	ACUTE MYOCARDIAL INFARCTION OF OTHER LATERAL WALL INITIAL EPISODE OF CARE
410.52	ACUTE MYOCARDIAL INFARCTION OF OTHER LATERAL WALL SUBSEQUENT EPISODE OF CARE
410.60	TRUE POSTERIOR WALL INFARCTION EPISODE OF CARE UNSPECIFIED
410.61	TRUE POSTERIOR WALL INFARCTION INITIAL EPISODE OF CARE
410.62	TRUE POSTERIOR WALL INFARCTION SUBSEQUENT EPISODE OF CARE
410.70	SUBENDOCARDIAL INFARCTION EPISODE OF CARE UNSPECIFIED
410.71	SUBENDOCARDIAL INFARCTION INITIAL EPISODE OF CARE
410.72	SUBENDOCARDIAL INFARCTION SUBSEQUENT EPISODE OF CARE
410.80	ACUTE MYOCARDIAL INFARCTION OF OTHER SPECIFIED SITES EPISODE OF CARE UNSPECIFIED
410.81	ACUTE MYOCARDIAL INFARCTION OF OTHER SPECIFIED SITES INITIAL EPISODE OF CARE
410.82	ACUTE MYOCARDIAL INFARCTION OF OTHER SPECIFIED SITES SUBSEQUENT EPISODE OF CARE
410.90	ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE EPISODE OF CARE UNSPECIFIED
410.91	ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE INITIAL EPISODE OF CARE
410.92	ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE SUBSEQUENT EPISODE OF CARE
411.0	POSTMYOCARDIAL INFARCTION SYNDROME
411.1	INTERMEDIATE CORONARY SYNDROME
411.81	ACUTE CORONARY OCCLUSION WITHOUT MYOCARDIAL INFARCTION
411.89	OTHER ACUTE AND SUBACUTE FORMS OF ISCHEMIC HEART DISEASE OTHER
412	OLD MYOCARDIAL INFARCTION
413.0	ANGINA DECUBITUS
413.1	PRINZMETAL ANGINA
413.9	OTHER AND UNSPECIFIED ANGINA PECTORIS
414.00	CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF VESSEL NATIVE OR GRAFT
414.01	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY

414.02	CORONARY ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT
414.03	CORONARY ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT
414.04	CORONARY ATHEROSCLEROSIS OF ARTERY BYPASS GRAFT
414.05	CORONARY ATHEROSCLEROSIS OF UNSPECIFIED BYPASS GRAFT
414.06	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY OF TRANSPLANTED HEART
414.07	CORONARY ATHEROSCLEROSIS OF BYPASS GRAFT (ARTERY) (VEIN) OF TRANSPLANTED HEART
414.10	ANEURYSM OF HEART (WALL)
414.11	ANEURYSM OF CORONARY VESSELS
414.12	DISSECTION OF CORONARY ARTERY
414.19	OTHER ANEURYSM OF HEART
414.3	CORONARY ATHEROSCLEROSIS DUE TO LIPID RICH PLAQUE
414.4	CORONARY ATHEROSCLEROSIS DUE TO CALCIFIED CORONARY LESION
414.8	OTHER SPECIFIED FORMS OF CHRONIC ISCHEMIC HEART DISEASE
414.9	CHRONIC ISCHEMIC HEART DISEASE UNSPECIFIED
428.0	CONGESTIVE HEART FAILURE UNSPECIFIED
428.1	LEFT HEART FAILURE
428.20	UNSPECIFIED SYSTOLIC HEART FAILURE
428.21	ACUTE SYSTOLIC HEART FAILURE
428.22	CHRONIC SYSTOLIC HEART FAILURE
428.23	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE
428.30	UNSPECIFIED DIASTOLIC HEART FAILURE
428.31	ACUTE DIASTOLIC HEART FAILURE
428.32	CHRONIC DIASTOLIC HEART FAILURE
428.33	ACUTE ON CHRONIC DIASTOLIC HEART FAILURE
428.40	UNSPECIFIED COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.41	ACUTE COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.42	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.43	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.9	HEART FAILURE UNSPECIFIED
429.2	CARDIOVASCULAR DISEASE UNSPECIFIED
429.9	HEART DISEASE UNSPECIFIED
431	INTRACEREBRAL HEMORRHAGE
433.00	OCCLUSION AND STENOSIS OF BASILAR ARTERY WITHOUT CEREBRAL INFARCTION
433.01	OCCLUSION AND STENOSIS OF BASILAR ARTERY WITH CEREBRAL INFARCTION
433.10	OCCLUSION AND STENOSIS OF CAROTID ARTERY WITHOUT CEREBRAL INFARCTION
433.11	OCCLUSION AND STENOSIS OF CAROTID ARTERY WITH CEREBRAL INFARCTION
433.20	OCCLUSION AND STENOSIS OF VERTEBRAL ARTERY WITHOUT CEREBRAL INFARCTION
433.21	OCCLUSION AND STENOSIS OF VERTEBRAL ARTERY WITH CEREBRAL INFARCTION
433.30	OCCLUSION AND STENOSIS OF MULTIPLE AND BILATERAL PRECEREBRAL ARTERIES WITHOUT CEREBRAL INFARCTION
433.31	OCCLUSION AND STENOSIS OF MULTIPLE AND BILATERAL PRECEREBRAL ARTERIES WITH CEREBRAL INFARCTION
433.80	OCCLUSION AND STENOSIS OF OTHER SPECIFIED PRECEREBRAL ARTERY WITHOUT CEREBRAL INFARCTION
433.81	OCCLUSION AND STENOSIS OF OTHER SPECIFIED PRECEREBRAL ARTERY WITH CEREBRAL INFARCTION
433.90	OCCLUSION AND STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERY WITHOUT CEREBRAL INFARCTION
433.91	

	OCCLUSION AND STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERY WITH CEREBRAL INFARCTION
434.00	CEREBRAL THROMBOSIS WITHOUT CEREBRAL INFARCTION
434.01	CEREBRAL THROMBOSIS WITH CEREBRAL INFARCTION
434.10	CEREBRAL EMBOLISM WITHOUT CEREBRAL INFARCTION
434.11	CEREBRAL EMBOLISM WITH CEREBRAL INFARCTION
434.90	CEREBRAL ARTERY OCCLUSION UNSPECIFIED WITHOUT CEREBRAL INFARCTION
434.91	CEREBRAL ARTERY OCCLUSION UNSPECIFIED WITH CEREBRAL INFARCTION
435.0	BASILAR ARTERY SYNDROME
435.1	VERTEBRAL ARTERY SYNDROME
435.2	SUBCLAVIAN STEAL SYNDROME
435.3	VERTEBROBASILAR ARTERY SYNDROME
435.8	OTHER SPECIFIED TRANSIENT CEREBRAL ISCHEMIAS
435.9	UNSPECIFIED TRANSIENT CEREBRAL ISCHEMIA
437.0	CEREBRAL ATHEROSCLEROSIS
437.1	OTHER GENERALIZED ISCHEMIC CEREBROVASCULAR DISEASE
437.5	MOYAMOYA DISEASE
438.0	COGNITIVE DEFICITS
438.10	SPEECH AND LANGUAGE DEFICIT UNSPECIFIED
438.11	APHASIA
438.12	DYSPHASIA
438.13	LATE EFFECTS OF CEREBROVASCULAR DISEASE, DYSARTHRIA
438.14	LATE EFFECTS OF CEREBROVASCULAR DISEASE, FLUENCY DISORDER
438.19	OTHER SPEECH AND LANGUAGE DEFICITS
438.20	HEMIPLEGIA AFFECTING UNSPECIFIED SIDE
438.21	HEMIPLEGIA AFFECTING DOMINANT SIDE
438.22	HEMIPLEGIA AFFECTING NONDOMINANT SIDE
438.30	MONOPLÉGIA OF UPPER LIMB AFFECTING UNSPECIFIED SIDE
438.31	MONOPLÉGIA OF UPPER LIMB AFFECTING DOMINANT SIDE
438.32	MONOPLÉGIA OF UPPER LIMB AFFECTING NONDOMINANT SIDE
438.40	MONOPLÉGIA OF LOWER LIMB AFFECTING UNSPECIFIED SIDE
438.41	MONOPLÉGIA OF LOWER LIMB AFFECTING DOMINANT SIDE
438.42	MONOPLÉGIA OF LOWER LIMB AFFECTING NONDOMINANT SIDE
438.50	OTHER PARALYTIC SYNDROME AFFECTING UNSPECIFIED SIDE
438.51	OTHER PARALYTIC SYNDROME AFFECTING DOMINANT SIDE
438.52	OTHER PARALYTIC SYNDROME AFFECTING NONDOMINANT SIDE
438.53	OTHER PARALYTIC SYNDROME BILATERAL
438.6	ALTERATIONS OF SENSATIONS
438.7	DISTURBANCES OF VISION
438.81	APRAXIA CEREBROVASCULAR DISEASE
438.82	DYSPHAGIA CEREBROVASCULAR DISEASE
438.83	FACIAL WEAKNESS
438.84	ATAXIA
438.85	VERTIGO
438.89	OTHER LATE EFFECTS OF CEREBROVASCULAR DISEASE
438.9	UNSPECIFIED LATE EFFECTS OF CEREBROVASCULAR DISEASE
440.0	ATHEROSCLEROSIS OF AORTA
440.1	ATHEROSCLEROSIS OF RENAL ARTERY
440.20	ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES UNSPECIFIED
440.21	ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES WITH INTERMITTENT CLAUDICATION

440.22	ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES WITH REST PAIN
440.23	ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES WITH ULCERATION
440.24	ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES WITH GANGRENE
440.29	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES
440.30	ATHEROSCLEROSIS OF UNSPECIFIED BYPASS GRAFT OF THE EXTREMITIES
440.31	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT OF THE EXTREMITIES
440.32	ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT OF THE EXTREMITIES
440.4	CHRONIC TOTAL OCCLUSION OF ARTERY OF THE EXTREMITIES
440.8	ATHEROSCLEROSIS OF OTHER SPECIFIED ARTERIES
440.9	GENERALIZED AND UNSPECIFIED ATHEROSCLEROSIS
441.00	DISSECTION OF AORTA ANEURYSM UNSPECIFIED SITE
441.01	DISSECTION OF AORTA THORACIC
441.02	DISSECTION OF AORTA ABDOMINAL
441.03	DISSECTION OF AORTA THORACOABDOMINAL
441.1	THORACIC ANEURYSM RUPTURED
441.2	THORACIC ANEURYSM WITHOUT RUPTURE
441.3	ABDOMINAL ANEURYSM RUPTURED
441.4	ABDOMINAL ANEURYSM WITHOUT RUPTURE
441.5	AORTIC ANEURYSM OF UNSPECIFIED SITE RUPTURED
441.6	THORACOABDOMINAL ANEURYSM RUPTURED
441.7	THORACOABDOMINAL ANEURYSM WITHOUT RUPTURE
441.9	AORTIC ANEURYSM OF UNSPECIFIED SITE WITHOUT RUPTURE
442.0	ANEURYSM OF ARTERY OF UPPER EXTREMITY
442.1	ANEURYSM OF RENAL ARTERY
442.2	ANEURYSM OF ILIAC ARTERY
444.01	SADDLE EMBOLUS OF ABDOMINAL AORTA
444.09	OTHER ARTERIAL EMBOLISM AND THROMBOSIS OF ABDOMINAL AORTA
444.1	EMBOLISM AND THROMBOSIS OF THORACIC AORTA
444.21	ARTERIAL EMBOLISM AND THROMBOSIS OF UPPER EXTREMITY
444.22	ARTERIAL EMBOLISM AND THROMBOSIS OF LOWER EXTREMITY
444.81	EMBOLISM AND THROMBOSIS OF ILIAC ARTERY
444.89	EMBOLISM AND THROMBOSIS OF OTHER ARTERY
444.9	EMBOLISM AND THROMBOSIS OF UNSPECIFIED ARTERY
557.1	CHRONIC VASCULAR INSUFFICIENCY OF INTESTINE
571.8	OTHER CHRONIC NONALCOHOLIC LIVER DISEASE
571.9	UNSPECIFIED CHRONIC LIVER DISEASE WITHOUT ALCOHOL
573.5	HEPATOPULMONARY SYNDROME
573.8	OTHER SPECIFIED DISORDERS OF LIVER
573.9	UNSPECIFIED DISORDER OF LIVER
577.0	ACUTE PANCREATITIS
577.1	CHRONIC PANCREATITIS
577.2	CYST AND PSEUDOCYST OF PANCREAS
577.8	OTHER SPECIFIED DISEASES OF PANCREAS
577.9	UNSPECIFIED DISEASE OF PANCREAS
579.3	OTHER AND UNSPECIFIED POSTSURGICAL NONABSORPTION
579.8	OTHER SPECIFIED INTESTINAL MALABSORPTION
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
584.5	ACUTE KIDNEY FAILURE WITH LESION OF TUBULAR NECROSIS
585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
585.5	CHRONIC KIDNEY DISEASE, STAGE V
585.6	END STAGE RENAL DISEASE
585.9	CHRONIC KIDNEY DISEASE, UNSPECIFIED
588.0	RENAL OSTEODYSTROPHY
588.1	NEPHROGENIC DIABETES INSIPIDUS
588.81	SECONDARY HYPERPARATHYROIDISM (OF RENAL ORIGIN)
588.89	OTHER SPECIFIED DISORDERS RESULTING FROM IMPAIRED RENAL FUNCTION
588.9	UNSPECIFIED DISORDER RESULTING FROM IMPAIRED RENAL FUNCTION
607.84	IMPOTENCE OF ORGANIC ORIGIN
646.70	LIVER AND BILIARY TRACT DISORDERS IN PREGNANCY, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
646.71	LIVER AND BILIARY TRACT DISORDERS IN PREGNANCY, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION
646.73	LIVER AND BILIARY TRACT DISORDERS IN PREGNANCY, ANTEPARTUM CONDITION OR COMPLICATION
648.10	THYROID DYSFUNCTION OF MOTHER COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE
648.11	THYROID DYSFUNCTION OF MOTHER WITH DELIVERY
648.12	THYROID DYSFUNCTION OF MOTHER WITH DELIVERY WITH POSTPARTUM COMPLICATION
648.13	ANTEPARTUM THYROID DYSFUNCTION
648.14	POSTPARTUM THYROID DYSFUNCTION
696.0	PSORIATIC ARTHROPATHY
696.1	OTHER PSORIASIS AND SIMILAR DISORDERS
751.61	BILIARY ATRESIA CONGENITAL
764.10	LIGHT-FOR-DATES INFANT WITH SIGNS OF FETAL MALNUTRITION UNSPECIFIED WEIGHT
764.11	LIGHT-FOR-DATES INFANT WITH SIGNS OF FETAL MALNUTRITION LESS THAN 500 GRAMS
764.12	LIGHT-FOR-DATES INFANT WITH SIGNS OF FETAL MALNUTRITION 500-749 GRAMS
764.13	LIGHT-FOR-DATES INFANT WITH SIGNS OF FETAL MALNUTRITION 750-999 GRAMS
764.14	LIGHT-FOR-DATES INFANT WITH SIGNS OF FETAL MALNUTRITION 1000-1249 GRAMS
764.15	LIGHT-FOR-DATES INFANT WITH SIGNS OF FETAL MALNUTRITION 1250-1499 GRAMS
764.16	LIGHT-FOR-DATES INFANT WITH SIGNS OF FETAL MALNUTRITION 1500-1749 GRAMS
764.17	LIGHT-FOR-DATES INFANT WITH SIGNS OF FETAL MALNUTRITION 1750-1999 GRAMS
764.18	LIGHT-FOR-DATES INFANT WITH SIGNS OF FETAL MALNUTRITION 2000-2499 GRAMS
764.19	LIGHT-FOR-DATES INFANT WITH SIGNS OF FETAL MALNUTRITION 2500 GRAMS AND OVER
786.50	UNSPECIFIED CHEST PAIN
786.51	PRECORDIAL PAIN
786.59	OTHER CHEST PAIN
789.1	HEPATOMEGALY
790.4	NONSPECIFIC ELEVATION OF LEVELS OF TRANSAMINASE OR LACTIC ACID DEHYDROGENASE (LDH)

790.5	OTHER NONSPECIFIC ABNORMAL SERUM ENZYME LEVELS
790.6	OTHER ABNORMAL BLOOD CHEMISTRY
793.4	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF GASTROINTESTINAL TRACT
987.9	TOXIC EFFECT OF UNSPECIFIED GAS FUME OR VAPOR
996.81	COMPLICATIONS OF TRANSPLANTED KIDNEY
V42.0	KIDNEY REPLACED BY TRANSPLANT
V42.7	LIVER REPLACED BY TRANSPLANT
V58.63	LONG-TERM (CURRENT) USE OF ANTIPLATELETS/ANTITHROMBOTICS
V58.64	LONG-TERM (CURRENT) USE OF NONSTEROIDAL ANTI-INFLAMMATORIES
V58.69	LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS
V81.0*	SCREENING FOR ISCHEMIC HEART DISEASE
V81.1*	SCREENING FOR HYPERTENSION
V81.2*	SCREENING FOR OTHER AND UNSPECIFIED CARDIOVASCULAR CONDITIONS

\*ICD-9-CM codes V81.0, V81.1 and V81.2 are only payable for CPT codes 80061, 82465, 83718 and 84478.

#### 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

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## General Information

#### Documentations 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, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Each claim must be submitted with ICD-9-CM codes that reflect the condition of the patient, and indicate the reason(s) for which the service was performed. Claims submitted without ICD-9-CM codes will be returned.

The ordering physician must document in the patient's medical record conformity to this policy and/or support of the medical necessity.

Documentation of triglycerides > 400 mg/dL on the same sample must be available in the medical record when submitting a claim for direct LDL measurement (83721), when the entire lipid panel 80061 is billed for the same date.

Documentation that the patient has a history of alcoholism must be available in the medical record, if such diagnosis is the basis for direct measurement of the LDL.

Documentation of medical necessity for special lipoprotein analyses (83715 and 83716) must be maintained in the patient's medical record. The record should reflect the specific need for these tests in the diagnosis and treatment of the patient.

The patient's medical record should document ongoing treatment and/or monitoring of treatment for lipid abnormalities.

Documentation must be available to Medicare upon request. If adequate documentation cannot be obtained from the provider or ordering physician, then the claim will be denied as not medically necessary.

#### **Appendices** Not applicable

**Utilization Guidelines** • The first follow up LDL determination and assessment of possible adverse biochemical changes should be made 6-8 weeks after initiating drug therapy. If the target LDL cholesterol is not achieved with the initial dose, then drug titration should be used to find the optimum dose - with measurements made every 6-8 weeks while medication is being adjusted.

- When monitoring long term anti-lipid therapy and following patients with borderline high total or LDL cholesterol, a lipid panel would reasonably be performed once per year.
- After 1 year of therapy during which the response has been established and there is no evidence of biochemical toxicity, patients should be followed at 4- to 6-month intervals - with total cholesterol or LDL.
- A yearly lipid panel would be reasonable and necessary to monitor patients with borderline high cholesterol, who are not being treated, or in patients who are stable on dietary therapy.
- Measurement of the total serum cholesterol (CPT code 82465) or a measured LDL (CPT code 83721) should suffice for interim visits if the patient does not have hypertriglyceridemia.
- *Any one component of the panel or a measured LDL may be reasonable and necessary up to six times in the first year for monitoring dietary or pharmacologic therapy.*

More frequent total cholesterol HDL, cholesterol, LDL cholesterol and triglyceride testing may be indicated for marked elevations or for changes to anti-lipid therapy due to inadequate initial patient response to dietary or pharmacologic therapy.

- After treatment goals have been achieved, LDL or total cholesterol may be measured three times per year.

#### **Sources of Information and Basis for Decision**

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Corsetti J, Sparks C. Calculated and direct LDL-cholesterol, strong health. *Clinical Laboratories Newsletter* (Strong Memorial Hospital, Rochester, NY). May 2000;25. Available at: [www.urmc.rochester.edu/path/newsletter500.htm](http://www.urmc.rochester.edu/path/newsletter500.htm).

Executive summary of the national cholesterol education program expert panel-second report on detection, evaluation, and treatment of high blood cholesterol in adults. July 1993.

Florida J. American Diabetes Association. Management of dyslipidemia in adults with diabetes. 1998;85:2:30-34.

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McMorrow ME, Malarkey L. *Laboratory and Diagnostic Tests: A Pocket Guide*. W.B. Saunders Company. 1998;206-207.

McNamara JR, Cohn JS, Wilson PW, Schaefer EJ. Calculated values for low-density lipoprotein cholesterol in the assessment of lipid abnormalities and coronary disease risk. *Clinical Chemistry*. 1990;36:36-42. Abstract.

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U.S. department of health and human services. National cholesterol education program, recommendations for improving cholesterol measurement. *NIH Publication*. 1990;90-2964.

**Advisory Committee Meeting Notes** This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, including include representatives from the provider community.

Contractor Advisory Committee meeting dates:

South Carolina -  
North Carolina -  
Virginia -  
West Virginia -

**Start Date of Comment Period**

**End Date of Comment Period**

**Start Date of Notice Period** 12/09/2010

**Revision History Number** Revision #2, 10/01/2011

**Revision History Explanation** Revision #2, 10/01/2011

Under **ICD-9 Codes That Support Medical Necessity (CPT codes not applicable to 82172 and 83719)** section the following ICD-9 codes were added or expanded: 414.4, 573.5 were added and 444.0 was expanded to a 5th digit 444.01 and 444.09. This revision becomes effective on 10/01/2011.

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.

**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.**

**Reason for Change** HCPCS/ICD9 Descriptor Change

## Related Documents

Article(s)

[A50441 - Lipid Profile/Cholesterol Testing – Supplemental Instructions Article](#)

## LCD Attachments

There are no attachments for this LCD.

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## All Versions

Updated on 09/22/2011 with effective dates 10/01/2011 - N/A

[Updated on 09/12/2011 with effective dates 10/01/2011 - N/A](#)

[Updated on 03/17/2011 with effective dates 05/16/2011 - 09/30/2011](#)

[Updated on 03/16/2011 with effective dates 05/16/2011 - N/A](#)

[Updated on 12/02/2010 with effective dates 01/24/2011 - N/A](#)

[Updated on 12/01/2010 with effective dates 01/24/2011 - N/A](#)

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