

Local Coverage Determination (LCD): Monitored Anesthesia Care (L32628)

Contractor Information

Contractor Name Novitas Solutions, Inc. opens in new window Back to Top	Contract Number 12502	Contract Type A and B MAC	Jurisdiction J - L
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LCD Information

Document Information

LCD ID
L32628

LCD Title
Monitored Anesthesia Care

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Jurisdiction
Pennsylvania

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For services performed on or after 08/13/2012

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04/08/2015

CMS National Coverage Policy This LCD supplements but does not replace, modify or supersede existing Medicare applicable National Coverage Determinations (NCDs) or payment policy rules and regulations for monitored anesthesia care services. Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for

monitored anesthesia care services and must properly submit only valid claims for them. Please review and understand them and apply the medical necessity provisions in the policy within the context of the manual rules. Relevant CMS manual instructions and policies regarding monitored anesthesia care services are found in the following Internet-Only Manuals (IOMs) published on the CMS Web site:

Social Security Act (Title XVIII) Standard References:

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

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

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

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

- In keeping with the American Society of Anesthesiologists' standards for monitoring, MAC should be provided by qualified anesthesia personnel in accordance with individual state licensure. These individuals must be continuously present to monitor the patient and provide anesthesia care.
- During MAC, the patient's oxygenation, ventilation, circulation and temperature should be evaluated by whatever methods are deemed most suitable by the attending anesthetist. It is anticipated that newer methods of non-invasive monitoring such as pulse oximetry and capnography will be frequently relied upon. Close monitoring is necessary to anticipate the need for general anesthesia administration or for the treatment of adverse physiologic reactions such as hypotension, excessive pain, difficulty breathing, arrhythmias, adverse drug reactions, etc. In addition, the possibility that the surgical procedure may become more extensive and/or result in unforeseen complications requires comprehensive monitoring and/or anesthetic intervention.
- The following CMS requirements for this type of anesthesia should be the same as for general anesthesia with regard to:
 - The performance of preanesthetic examination and evaluation.
 - The prescription of the anesthesia care required.
 - The completion of an anesthesia record.
 - The administration of necessary medications and the provision of indicated postoperative anesthesia care.
- Appropriate documentation must be available to reflect pre- and postanesthetic evaluations and intraoperative monitoring.
- The MAC service rendered must be reasonable, appropriate and medically necessary.
- Anesthesia procedures listed in the "CPT/HCPCS Codes" section of this LCD are examples of those that are usually provided by the attending surgeon and are included in the global fee and are not separately billable. In certain instances; however, MAC provided by anesthesia personnel may be necessary for these procedures if the patient has one or more of the conditions or situations found in the "ICD-9-CM Codes That Support Medical Necessity" section of this LCD. MAC may be necessary for these active and serious accompanying situations or conditions to ensure smooth anesthesia (and surgery) by the prevention of adverse physiologic complications. The use of anesthesia modifiers, when the CPT code is not fully descriptive, is **required** as follows:

- **G8 anesthesia modifier** – used to indicate certain deep, complex, complicated or markedly invasive surgical procedures. This modifier is to be applied to the following anesthesia codes only: 00100, 00300, 00400, 00160, 00532 and 00920.
- **G9 anesthesia modifier** – represents “a history of severe cardiopulmonary disease” and should be utilized whenever the proceduralist feels the need for MAC due to a history of advanced cardiopulmonary disease. The documentation of this clinical decision-making process and the need for additional monitoring must be clearly documented in the medical record.
- Anesthesia codes utilized to indicate the clinical condition of the patient receiving MAC: **P1** – healthy individual with minimal anesthesia risk, **P2** – mild systemic disease, **P3** – severe systemic disease with intermittent threat of morbidity or mortality, **P4** – severe systemic illness with ongoing threat of morbidity or mortality, **P5** – premonitory condition with high risk of demise unless procedural intervention is performed.

Special conditions and/or criteria must be supported by documentation in the medical record.

- Reimbursement for MAC will be the same amount allowed for full general anesthesia services if all requirements listed under these indications are met. The provision of quality MAC is mandatory and requires the same expertise and the same effort (work) as required in the delivery of a general anesthetic. If the requirements are not fulfilled or the procedures are unnecessary, payment will be denied in full.
- For procedures that do not usually require anesthesia services, MAC could be covered when the patient’s condition requires the presence of qualified anesthesia personnel to perform monitored anesthesia in addition to the physician performing the procedure, and is so documented in the patient’s medical record.
- The presence of an underlying condition alone, as reported by an ICD-9-CM diagnosis code, may not be sufficient evidence that MAC is necessary. The medical condition must be significant enough to impact on the need to provide MAC such as the patient being on medication or being symptomatic, etc. The presence of a stable, treated condition, of itself, is not necessarily sufficient.
- Conditions listed under the “Diagnoses That Support Medical Necessity” section of this LCD, if matched with anesthesia procedures in the “CPT/HCPCS Codes” section of this LCD, could support the need for MAC. Other disease states can also be considered if medical justification is demonstrated.

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

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

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

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.

011x Hospital Inpatient (Including Medicare Part A)
012x Hospital Inpatient (Medicare Part B only)
013x Hospital Outpatient
018x Hospital - Swing Beds
021x Skilled Nursing - Inpatient (Including Medicare Part A)
083x Ambulatory Surgery Center

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

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

037X Anesthesia - General Classification

CPT/HCPCS Codes

Group 1 Paragraph: Note: Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

Procedures listed below represent commonly used anesthesia codes that may involve MAC. When these codes are used and MAC has been provided, the QS modifier must be used.

Group 1 Codes:

00100 Anesth salivary gland
00124 Anesth ear exam
00148 Anesth eye exam
00160 Anesth nose/sinus surgery
00164 Anesth biopsy of nose
00300 Anesth head/neck/ptrunk
00322 Anesth biopsy of thyroid
00400 Anesth skin ext/per/atrunck
00410 Anesth correct heart rhythm
00454 Anesth collar bone biopsy
00520 Anesth chest procedure
00522 Anesth chest lining biopsy
00524 Anesth chest drainage
00530 Anesth pacemaker insertion
00532 Anesth vascular access
00635 Anesth lumbar puncture
00640 Anesth spine manipulation
00702 Anesth for liver biopsy

00740 Anesth upper gi visualize
 00842 Anesth amniocentesis
 00920 Anesth genitalia surgery
 00921 Anesth vasectomy
 01130 Anesth body cast procedure
 01380 Anesth knee joint procedure
 01420 Anesth knee joint casting
 01490 Anesth lower leg casting
 01680 Anesth shoulder casting
 01682 Anesth airplane cast
 01730 Anesth uppr arm procedure
 01780 Anesth upper arm vein surg
 01782 Anesth uppr arm vein repair
 01820 Anesth lower arm procedure
 01829 Anesth dx wrist arthroscopy
 01860 Anesth lower arm casting
 01916 Anesth dx arteriography
 01920 Anesth catheterize heart
 01922 Anesth cat or mri scan
 01930 Anes ther interven rad vein
 01935 Anesth perc img dx sp proc
 01936 Anesth perc img tx sp proc
 01991 Anesth nerve block/inj
 01992 Anesth n block/inj prone
 01999 Unlisted anesth procedure

ICD-9 Codes that Support Medical Necessity

Group 1 Paragraph: It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-9-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Note: Providers should continue to submit ICD-9-CM diagnosis codes without decimals on their claim forms and electronic claims.

The CPT/HCPCS codes included in this LCD will be subjected to "procedure to diagnosis" editing. The following lists include only those diagnoses for which the identified CPT/HCPCS procedures are covered. If a covered diagnosis is not on the claim, the edit will automatically deny the service as not medically necessary.

Medicare is establishing the following limited coverage for the **CPT codes listed above:**

Covered for:

Group 1 Codes:

038.0	STREPTOCOCCAL SEPTICEMIA
038.10 - 038.12 opens in new window	STAPHYLOCOCCAL SEPTICEMIA UNSPECIFIED - METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS SEPTICEMIA
038.19	OTHER STAPHYLOCOCCAL SEPTICEMIA
038.2 - 038.3 opens in new window	PNEUMOCOCCAL SEPTICEMIA - SEPTICEMIA DUE TO ANAEROBES
038.40 - 038.44 opens in new window	SEPTICEMIA DUE TO GRAM-NEGATIVE ORGANISM UNSPECIFIED - SEPTICEMIA DUE TO SERRATIA
038.49	OTHER SEPTICEMIA DUE TO GRAM-NEGATIVE ORGANISMS
038.8 - 038.9* opens in new window	OTHER SPECIFIED SEPTICEMIAS - UNSPECIFIED SEPTICEMIA
	TOXIC DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM - TOXIC DIFFUSE GOITER WITH THYROTOXIC CRISIS OR STORM

242.00 -	
242.01 opens in new window	
242.10 -	
242.11 opens in new window	TOXIC UNINODULAR GOITER WITHOUT THYROTOXIC CRISIS OR STORM - TOXIC UNINODULAR GOITER WITH THYROTOXIC CRISIS OR STORM
242.20 -	
242.21 opens in new window	TOXIC MULTINODULAR GOITER WITHOUT THYROTOXIC CRISIS OR STORM - TOXIC MULTINODULAR GOITER WITH THYROTOXIC CRISIS OR STORM
242.30 -	
242.31 opens in new window	TOXIC NODULAR GOITER UNSPECIFIED TYPE WITHOUT THYROTOXIC CRISIS OR STORM - TOXIC NODULAR GOITER UNSPECIFIED TYPE WITH THYROTOXIC CRISIS OR STORM
242.40 -	
242.41 opens in new window	THYROTOXICOSIS FROM ECTOPIC THYROID NODULE WITHOUT THYROTOXIC CRISIS OR STORM - THYROTOXICOSIS FROM ECTOPIC THYROID NODULE WITH THYROTOXIC CRISIS OR STORM
242.80 -	
242.81 opens in new window	THYROTOXICOSIS OF OTHER SPECIFIED ORIGIN WITHOUT THYROTOXIC CRISIS OR STORM - THYROTOXICOSIS OF OTHER SPECIFIED ORIGIN WITH THYROTOXIC CRISIS OR STORM
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
243	CONGENITAL HYPOTHYROIDISM
244.0 -	
244.3 opens in new window	POSTSURGICAL HYPOTHYROIDISM - OTHER IATROGENIC HYPOTHYROIDISM
244.8 -	
244.9 opens in new window	OTHER SPECIFIED ACQUIRED HYPOTHYROIDISM - UNSPECIFIED ACQUIRED HYPOTHYROIDISM
250.00 -	
250.03 opens in new window	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.10 -	
250.13 opens in new window	DIABETES WITH KETOACIDOSIS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH KETOACIDOSIS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.20 -	
250.23 opens in new window	DIABETES WITH HYPEROSMOLARITY, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH HYPEROSMOLARITY, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.30 -	
250.33 opens in new window	DIABETES WITH OTHER COMA, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH OTHER COMA, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.40 -	
250.43 opens in new window	DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH RENAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.50 -	
250.53 opens in new window	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.60 -	
250.63 opens in new window	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.70 -	
250.73 opens in new window	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.80 -	
250.83 opens in new window	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.90 -	
250.93 opens in new window	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH UNSPECIFIED COMPLICATION, TYPE I [JUVENILE TYPE], UNCONTROLLED
251.0 -	
251.5 opens in new window	HYPOGLYCEMIC COMA - ABNORMALITY OF SECRETION OF GASTRIN
251.8 -	
251.9 opens in new window	OTHER SPECIFIED DISORDERS OF PANCREATIC INTERNAL SECRETION - UNSPECIFIED DISORDER OF PANCREATIC INTERNAL SECRETION

252.00 - 252.02 opens in new window	HYPERPARATHYROIDISM, UNSPECIFIED - SECONDARY HYPERPARATHYROIDISM, NON-RENAL
252.08	OTHER HYPERPARATHYROIDISM
252.1	HYPOPARATHYROIDISM
252.8 - 252.9 opens in new window	OTHER SPECIFIED DISORDERS OF PARATHYROID GLAND - UNSPECIFIED DISORDER OF PARATHYROID GLAND
253.0 - 253.9 opens in new window	ACROMEGALY AND GIGANTISM - UNSPECIFIED DISORDER OF THE PITUITARY GLAND AND ITS HYPOTHALAMIC CONTROL
254.0 - 254.1 opens in new window	PERSISTENT HYPERPLASIA OF THYMUS - ABSCESS OF THYMUS
254.8 - 254.9 opens in new window	OTHER SPECIFIED DISEASES OF THYMUS GLAND - UNSPECIFIED DISEASE OF THYMUS GLAND
255.0	CUSHING'S SYNDROME
255.10 - 255.14 opens in new window	HYPERALDOSTERONISM, UNSPECIFIED - OTHER SECONDARY ALDOSTERONISM
255.2 - 255.3 opens in new window	ADRENOGENITAL DISORDERS - OTHER CORTICOADRENAL OVERACTIVITY
255.41 - 255.42 opens in new window	GLUCOCORTICOID DEFICIENCY - MINERALOCORTICOID DEFICIENCY
255.5 - 255.6 opens in new window	OTHER ADRENAL HYPOFUNCTION - MEDULLOADRENAL HYPERFUNCTION
255.8 - 255.9* opens in new window	OTHER SPECIFIED DISORDERS OF ADRENAL GLANDS - UNSPECIFIED DISORDER OF ADRENAL GLANDS
276.0 - 276.4 opens in new window	HYPEROSMOLALITY AND/OR HYPERNATREMIA - MIXED ACID-BASE BALANCE DISORDER
276.50 - 276.52 opens in new window	VOLUME DEPLETION, UNSPECIFIED - HYPOVOLEMIA
276.61	TRANSFUSION ASSOCIATED CIRCULATORY OVERLOAD
276.69	OTHER FLUID OVERLOAD
276.7 - 276.9* opens in new window	HYPERPOTASSEMIA - ELECTROLYTE AND FLUID DISORDERS NOT ELSEWHERE CLASSIFIED
277.00 - 277.02* opens in new window	CYSTIC FIBROSIS WITHOUT MECONIUM ILEUS - CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS
278.01*	MORBID OBESITY
278.03	OBESITY HYPOVENTILATION SYNDROME
290.0	SENILE DEMENTIA UNCOMPLICATED
290.10 - 290.13 opens in new window	PRESENILE DEMENTIA UNCOMPLICATED - PRESENILE DEMENTIA WITH DEPRESSIVE FEATURES
290.20 - 290.21 opens in new window	SENILE DEMENTIA WITH DELUSIONAL FEATURES - SENILE DEMENTIA WITH DEPRESSIVE FEATURES
290.3	SENILE DEMENTIA WITH DELIRIUM
290.40 - 290.43 opens in new window	VASCULAR DEMENTIA, UNCOMPLICATED - VASCULAR DEMENTIA, WITH DEPRESSED MOOD
290.8 - 290.9 opens in new window	OTHER SPECIFIED SENILE PSYCHOTIC CONDITIONS - UNSPECIFIED SENILE PSYCHOTIC CONDITION

291.0 - 291.5 opens in new window	ALCOHOL WITHDRAWAL DELIRIUM - ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
291.81	ALCOHOL WITHDRAWAL
291.89	OTHER SPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS
291.9	UNSPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS
292.0	DRUG WITHDRAWAL
292.11 - 292.12 opens in new window	DRUG-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS - DRUG-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
292.2	PATHOLOGICAL DRUG INTOXICATION
292.81 - 292.84 opens in new window	DRUG-INDUCED DELIRIUM - DRUG-INDUCED MOOD DISORDER
292.89	OTHER SPECIFIED DRUG-INDUCED MENTAL DISORDERS
292.9	UNSPECIFIED DRUG-INDUCED MENTAL DISORDER
293.0 - 293.1 opens in new window	DELIRIUM DUE TO CONDITIONS CLASSIFIED ELSEWHERE - SUBACUTE DELIRIUM
293.81 - 293.84 opens in new window	PSYCHOTIC DISORDER WITH DELUSIONS IN CONDITIONS CLASSIFIED ELSEWHERE - ANXIETY DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE
293.89	OTHER SPECIFIED TRANSIENT MENTAL DISORDERS DUE TO CONDITIONS CLASSIFIED ELSEWHERE, OTHER
293.9	UNSPECIFIED TRANSIENT MENTAL DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE
294.0	AMNESTIC DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE
294.10 - 294.11 opens in new window	DEMENCIA IN CONDITIONS CLASSIFIED ELSEWHERE WITHOUT BEHAVIORAL DISTURBANCE - DEMENCIA IN CONDITIONS CLASSIFIED ELSEWHERE WITH BEHAVIORAL DISTURBANCE
294.20 - 294.21 opens in new window	DEMENCIA, UNSPECIFIED, WITHOUT BEHAVIORAL DISTURBANCE - DEMENCIA, UNSPECIFIED, WITH BEHAVIORAL DISTURBANCE
294.8 - 294.9 opens in new window	OTHER PERSISTENT MENTAL DISORDERS DUE TO CONDITIONS CLASSIFIED ELSEWHERE - UNSPECIFIED PERSISTENT MENTAL DISORDERS DUE TO CONDITIONS CLASSIFIED ELSEWHERE
295.00 - 295.05 opens in new window	SIMPLE TYPE SCHIZOPHRENIA UNSPECIFIED STATE - SIMPLE TYPE SCHIZOPHRENIA IN REMISSION
295.10 - 295.15 opens in new window	DISORGANIZED TYPE SCHIZOPHRENIA UNSPECIFIED STATE - DISORGANIZED TYPE SCHIZOPHRENIA IN REMISSION
295.20 - 295.25 opens in new window	CATATONIC TYPE SCHIZOPHRENIA UNSPECIFIED STATE - CATATONIC TYPE SCHIZOPHRENIA IN REMISSION
295.30 - 295.35 opens in new window	PARANOID TYPE SCHIZOPHRENIA UNSPECIFIED STATE - PARANOID TYPE SCHIZOPHRENIA IN REMISSION
295.40 - 295.45 opens in new window	SCHIZOPHRENIFORM DISORDER, UNSPECIFIED - SCHIZOPHRENIFORM DISORDER, IN REMISSION
295.50 - 295.55 opens in new window	LATENT SCHIZOPHRENIA UNSPECIFIED STATE - LATENT SCHIZOPHRENIA IN REMISSION
295.60 - 295.65 opens in new window	SCHIZOPHRENIC DISORDERS, RESIDUAL TYPE, UNSPECIFIED - SCHIZOPHRENIC DISORDERS, RESIDUAL TYPE, IN REMISSION
295.70 - 295.75 opens in new window	SCHIZOAFFECTIVE DISORDER, UNSPECIFIED - SCHIZOAFFECTIVE DISORDER, IN REMISSION
295.80 - 295.85 opens in new window	OTHER SPECIFIED TYPES OF SCHIZOPHRENIA UNSPECIFIED STATE - OTHER SPECIFIED TYPES OF SCHIZOPHRENIA IN REMISSION
	UNSPECIFIED TYPE SCHIZOPHRENIA UNSPECIFIED STATE - UNSPECIFIED TYPE SCHIZOPHRENIA IN REMISSION

295.90 - 295.95 opens in new window	
296.00 - 296.05 opens in new window	BIPOLAR I DISORDER, SINGLE MANIC EPISODE, UNSPECIFIED - BIPOLAR I DISORDER, SINGLE MANIC EPISODE, IN PARTIAL OR UNSPECIFIED REMISSION
296.10 - 296.15 opens in new window	MANIC AFFECTIVE DISORDER RECURRENT EPISODE UNSPECIFIED DEGREE - MANIC AFFECTIVE DISORDER RECURRENT EPISODE IN PARTIAL OR UNSPECIFIED REMISSION
296.20 - 296.25 opens in new window	MAJOR DEPRESSIVE AFFECTIVE DISORDER SINGLE EPISODE UNSPECIFIED DEGREE - MAJOR DEPRESSIVE AFFECTIVE DISORDER SINGLE EPISODE IN PARTIAL OR UNSPECIFIED REMISSION
296.30 - 296.35 opens in new window	MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPISODE UNSPECIFIED DEGREE - MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPISODE IN PARTIAL OR UNSPECIFIED REMISSION
296.40 - 296.45 opens in new window	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MANIC, UNSPECIFIED - BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MANIC, IN PARTIAL OR UNSPECIFIED REMISSION
296.50 - 296.55 opens in new window	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) DEPRESSED, UNSPECIFIED - BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) DEPRESSED, IN PARTIAL OR UNSPECIFIED REMISSION
296.60 - 296.65 opens in new window	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MIXED, UNSPECIFIED - BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MIXED, IN PARTIAL OR UNSPECIFIED REMISSION
296.7	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) UNSPECIFIED
296.80 - 296.82 opens in new window	BIPOLAR DISORDER, UNSPECIFIED - ATYPICAL DEPRESSIVE DISORDER
296.89	OTHER AND UNSPECIFIED BIPOLAR DISORDERS, OTHER
296.90	UNSPECIFIED EPISODIC MOOD DISORDER
296.99	OTHER SPECIFIED EPISODIC MOOD DISORDER
297.0 - 297.3 opens in new window	PARANOID STATE SIMPLE - SHARED PSYCHOTIC DISORDER
297.8 - 297.9 opens in new window	OTHER SPECIFIED PARANOID STATES - UNSPECIFIED PARANOID STATE
298.0 - 298.4 opens in new window	DEPRESSIVE TYPE PSYCHOSIS - PSYCHOGENIC PARANOID PSYCHOSIS
298.8 - 298.9 opens in new window	OTHER AND UNSPECIFIED REACTIVE PSYCHOSIS - UNSPECIFIED PSYCHOSIS
299.00 - 299.01 opens in new window	AUTISTIC DISORDER, CURRENT OR ACTIVE STATE - AUTISTIC DISORDER, RESIDUAL STATE
299.10 - 299.11 opens in new window	CHILDHOOD DISINTEGRATIVE DISORDER, CURRENT OR ACTIVE STATE - CHILDHOOD DISINTEGRATIVE DISORDER, RESIDUAL STATE
299.80 - 299.81* opens in new window	OTHER SPECIFIED PERVASIVE DEVELOPMENTAL DISORDERS, CURRENT OR ACTIVE STATE - OTHER SPECIFIED PERVASIVE DEVELOPMENTAL DISORDERS, RESIDUAL STATE
300.00 - 300.02 opens in new window	ANXIETY STATE UNSPECIFIED - GENERALIZED ANXIETY DISORDER
300.09	OTHER ANXIETY STATES
300.10*	HYSTERIA UNSPECIFIED
300.20 - 300.23 opens in new window	PHOBIA UNSPECIFIED - SOCIAL PHOBIA
300.29*	OTHER ISOLATED OR SPECIFIC PHOBIAS
304.00 - 304.03 opens in new window	OPIOID TYPE DEPENDENCE UNSPECIFIED USE - OPIOID TYPE DEPENDENCE IN REMISSION

304.10 - 304.13 opens in new window	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNSPECIFIED - SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, IN REMISSION
304.20 - 304.23 opens in new window	COCAINE DEPENDENCE UNSPECIFIED USE - COCAINE DEPENDENCE IN REMISSION
304.30 - 304.33 opens in new window	CANNABIS DEPENDENCE UNSPECIFIED USE - CANNABIS DEPENDENCE IN REMISSION
304.40 - 304.43 opens in new window	AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE UNSPECIFIED USE - AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE IN REMISSION
304.50 - 304.53 opens in new window	HALLUCINOGEN DEPENDENCE UNSPECIFIED USE - HALLUCINOGEN DEPENDENCE IN REMISSION
304.60 - 304.63 opens in new window	OTHER SPECIFIED DRUG DEPENDENCE UNSPECIFIED USE - OTHER SPECIFIED DRUG DEPENDENCE IN REMISSION
304.70 - 304.73 opens in new window	COMBINATIONS OF OPIOID TYPE DRUG WITH ANY OTHER DRUG DEPENDENCE UNSPECIFIED USE - COMBINATIONS OF OPIOID TYPE DRUG WITH ANY OTHER DRUG DEPENDENCE IN REMISSION
304.80 - 304.83 opens in new window	COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG UNSPECIFIED USE - COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG IN REMISSION
304.90 - 304.93* opens in new window	UNSPECIFIED DRUG DEPENDENCE UNSPECIFIED USE - UNSPECIFIED DRUG DEPENDENCE IN REMISSION
305.00 - 305.02* opens in new window	NONDEPENDENT ALCOHOL ABUSE UNSPECIFIED DRINKING BEHAVIOR - NONDEPENDENT ALCOHOL ABUSE EPISODIC DRINKING BEHAVIOR
305.20 - 305.22 opens in new window	NONDEPENDENT CANNABIS ABUSE UNSPECIFIED USE - NONDEPENDENT CANNABIS ABUSE EPISODIC USE
305.30 - 305.32 opens in new window	NONDEPENDENT HALLUCINOGEN ABUSE UNSPECIFIED USE - NONDEPENDENT HALLUCINOGEN ABUSE EPISODIC USE
305.40 - 305.42 opens in new window	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, UNSPECIFIED - SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, EPISODIC
305.50 - 305.52 opens in new window	NONDEPENDENT OPIOID ABUSE UNSPECIFIED USE - NONDEPENDENT OPIOID ABUSE EPISODIC USE
305.60 - 305.62 opens in new window	NONDEPENDENT COCAINE ABUSE UNSPECIFIED USE - NONDEPENDENT COCAINE ABUSE EPISODIC USE
305.70 - 305.72 opens in new window	NONDEPENDENT AMPHETAMINE OR RELATED ACTING SYMPATHOMIMETIC ABUSE UNSPECIFIED USE - NONDEPENDENT AMPHETAMINE OR RELATED ACTING SYMPATHOMIMETIC ABUSE EPISODIC USE
305.80 - 305.82* opens in new window	NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE UNSPECIFIED USE - NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE EPISODIC USE
318.1 - 318.2 opens in new window	SEVERE INTELLECTUAL DISABILITIES - PROFOUND INTELLECTUAL DISABILITIES
319	UNSPECIFIED INTELLECTUAL DISABILITIES
324.0	INTRACRANIAL ABSCESS
327.23	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)
331.0	ALZHEIMER'S DISEASE
331.6	CORTICOBASAL DEGENERATION
332.0 - 332.1* opens in new window	PARALYSIS AGITANS - SECONDARY PARKINSONISM
335.20	AMYOTROPHIC LATERAL SCLEROSIS
340*	MULTIPLE SCLEROSIS

343.9*	INFANTILE CEREBRAL PALSY UNSPECIFIED
345.00 - 345.01 opens in new window	GENERALIZED NONCONVULSIVE EPILEPSY WITHOUT INTRACTABLE EPILEPSY - GENERALIZED NONCONVULSIVE EPILEPSY WITH INTRACTABLE EPILEPSY
345.10 - 345.11 opens in new window	GENERALIZED CONVULSIVE EPILEPSY WITHOUT INTRACTABLE EPILEPSY - GENERALIZED CONVULSIVE EPILEPSY WITH INTRACTABLE EPILEPSY
345.2 - 345.3 opens in new window	PETIT MAL STATUS EPILEPTIC - GRAND MAL STATUS EPILEPTIC
345.40 - 345.41 opens in new window	LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, WITHOUT MENTION OF INTRACTABLE EPILEPSY - LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, WITH INTRACTABLE EPILEPSY
345.50 - 345.51 opens in new window	LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, WITHOUT MENTION OF INTRACTABLE EPILEPSY - LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, WITH INTRACTABLE EPILEPSY
345.60 - 345.61 opens in new window	INFANTILE SPASMS WITHOUT INTRACTABLE EPILEPSY - INFANTILE SPASMS WITH INTRACTABLE EPILEPSY
345.70 - 345.71 opens in new window	EPILEPSIA PARTIALIS CONTINUA WITHOUT INTRACTABLE EPILEPSY - EPILEPSIA PARTIALIS CONTINUA WITH INTRACTABLE EPILEPSY
345.80 - 345.81 opens in new window	OTHER FORMS OF EPILEPSY AND RECURRENT SEIZURES, WITHOUT MENTION OF INTRACTABLE EPILEPSY - OTHER FORMS OF EPILEPSY AND RECURRENT SEIZURES, WITH INTRACTABLE EPILEPSY
345.90 - 345.91* opens in new window	EPILEPSY UNSPECIFIED WITHOUT INTRACTABLE EPILEPSY - EPILEPSY UNSPECIFIED WITH INTRACTABLE EPILEPSY
358.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION
358.30 - 358.31 opens in new window	LAMBERT-EATON SYNDROME, UNSPECIFIED - LAMBERT-EATON SYNDROME IN NEOPLASTIC DISEASE
358.39	LAMBERT-EATON SYNDROME IN OTHER DISEASES CLASSIFIED ELSEWHERE
362.29	OTHER NONDIABETIC PROLIFERATIVE RETINOPATHY
362.52	EXUDATIVE SENILE MACULAR DEGENERATION OF RETINA
362.54	MACULAR CYST HOLE OR PSEUDOHOLE OF RETINA
362.56	MACULAR PUCKERING OF RETINA
391.0 - 391.2* opens in new window	ACUTE RHEUMATIC PERICARDITIS - ACUTE RHEUMATIC MYOCARDITIS
394.0 - 394.2 opens in new window	MITRAL STENOSIS - MITRAL STENOSIS WITH INSUFFICIENCY
394.9	OTHER AND UNSPECIFIED MITRAL VALVE DISEASES
397.9*	RHEUMATIC DISEASES OF ENDOCARDIUM VALVE UNSPECIFIED
401.0	MALIGNANT ESSENTIAL HYPERTENSION
401.9*	UNSPECIFIED ESSENTIAL HYPERTENSION
402.00 - 402.01 opens in new window	MALIGNANT HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE - MALIGNANT HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
402.10 - 402.11 opens in new window	BENIGN HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE - BENIGN HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
402.90 - 402.91* opens in new window	UNSPECIFIED HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE - UNSPECIFIED HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
403.01 - 403.11 opens in new window	HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE - HYPERTENSIVE CHRONIC KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.00 - 404.03 opens in new window	

	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED - HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.11 - 404.13 opens in new window	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED - HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.91 - 404.93 opens in new window	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED - 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
405.91	UNSPECIFIED RENOVASCULAR HYPERTENSION
410.00 - 410.02 opens in new window	ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE UNSPECIFIED - ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL SUBSEQUENT EPISODE OF CARE
410.10 - 410.12 opens in new window	ACUTE MYOCARDIAL INFARCTION OF OTHER ANTERIOR WALL EPISODE OF CARE UNSPECIFIED - ACUTE MYOCARDIAL INFARCTION OF OTHER ANTERIOR WALL SUBSEQUENT EPISODE OF CARE
410.20 - 410.22 opens in new window	ACUTE MYOCARDIAL INFARCTION OF INFEROLATERAL WALL EPISODE OF CARE UNSPECIFIED - ACUTE MYOCARDIAL INFARCTION OF INFEROLATERAL WALL SUBSEQUENT EPISODE OF CARE
410.30 - 410.32 opens in new window	ACUTE MYOCARDIAL INFARCTION OF INFEROPOSTERIOR WALL EPISODE OF CARE UNSPECIFIED - ACUTE MYOCARDIAL INFARCTION OF INFEROPOSTERIOR WALL SUBSEQUENT EPISODE OF CARE
410.40 - 410.42 opens in new window	ACUTE MYOCARDIAL INFARCTION OF OTHER INFERIOR WALL EPISODE OF CARE UNSPECIFIED - ACUTE MYOCARDIAL INFARCTION OF OTHER INFERIOR WALL SUBSEQUENT EPISODE OF CARE
410.50 - 410.52 opens in new window	ACUTE MYOCARDIAL INFARCTION OF OTHER LATERAL WALL EPISODE OF CARE UNSPECIFIED - ACUTE MYOCARDIAL INFARCTION OF OTHER LATERAL WALL SUBSEQUENT EPISODE OF CARE
410.60 - 410.62 opens in new window	TRUE POSTERIOR WALL INFARCTION EPISODE OF CARE UNSPECIFIED - TRUE POSTERIOR WALL INFARCTION SUBSEQUENT EPISODE OF CARE
410.70 - 410.72 opens in new window	SUBENDOCARDIAL INFARCTION EPISODE OF CARE UNSPECIFIED - SUBENDOCARDIAL INFARCTION SUBSEQUENT EPISODE OF CARE
410.80 - 410.82 opens in new window	ACUTE MYOCARDIAL INFARCTION OF OTHER SPECIFIED SITES EPISODE OF CARE UNSPECIFIED - ACUTE MYOCARDIAL INFARCTION OF OTHER SPECIFIED SITES SUBSEQUENT EPISODE OF CARE
410.90 - 410.92 opens in new window	ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE EPISODE OF CARE UNSPECIFIED - ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE SUBSEQUENT EPISODE OF CARE
411.0 - 411.1 opens in new window	POSTMYOCARDIAL INFARCTION SYNDROME - 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 - 413.1 opens in new window	ANGINA DECUBITUS - PRINZMETAL ANGINA
413.9	OTHER AND UNSPECIFIED ANGINA PECTORIS
414.00 - 414.07 opens in new window	CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF VESSEL NATIVE OR GRAFT - CORONARY ATHEROSCLEROSIS OF BYPASS GRAFT (ARTERY) (VEIN) OF TRANSPLANTED HEART
414.10 - 414.12 opens in new window	ANEURYSM OF HEART (WALL) - DISSECTION OF CORONARY ARTERY
414.19	OTHER ANEURYSM OF HEART

414.2 -	CHRONIC TOTAL OCCLUSION OF CORONARY ARTERY - CORONARY ATHEROSCLEROSIS DUE
414.4 opens in new window	TO CALCIFIED CORONARY LESION
414.8 -	OTHER SPECIFIED FORMS OF CHRONIC ISCHEMIC HEART DISEASE - CHRONIC ISCHEMIC
414.9* opens in new window	HEART DISEASE UNSPECIFIED
415.0	ACUTE COR PULMONALE
416.0	PRIMARY PULMONARY HYPERTENSION
416.2	CHRONIC PULMONARY EMBOLISM
416.9*	CHRONIC PULMONARY HEART DISEASE UNSPECIFIED
420.0	ACUTE PERICARDITIS IN DISEASES CLASSIFIED ELSEWHERE
420.90 -	ACUTE PERICARDITIS UNSPECIFIED - ACUTE IDIOPATHIC PERICARDITIS
420.91 opens in new window	
420.99	OTHER ACUTE PERICARDITIS
421.0 -	ACUTE AND SUBACUTE BACTERIAL ENDOCARDITIS - ACUTE AND SUBACUTE INFECTIVE
421.1 opens in new window	ENDOCARDITIS IN DISEASES CLASSIFIED ELSEWHERE
421.9	ACUTE ENDOCARDITIS UNSPECIFIED
422.0	ACUTE MYOCARDITIS IN DISEASES CLASSIFIED ELSEWHERE
422.90 -	ACUTE MYOCARDITIS UNSPECIFIED - TOXIC MYOCARDITIS
422.93 opens in new window	
422.99	OTHER ACUTE MYOCARDITIS
423.0 -	HEMOPERICARDIUM - CONSTRICTIVE PERICARDITIS
423.2 opens in new window	
423.8 -	OTHER SPECIFIED DISEASES OF PERICARDIUM - UNSPECIFIED DISEASE OF PERICARDIUM
423.9 opens in new window	
424.0 -	MITRAL VALVE DISORDERS - PULMONARY VALVE DISORDERS
424.3 opens in new window	
424.90 -	ENDOCARDITIS VALVE UNSPECIFIED UNSPECIFIED CAUSE - ENDOCARDITIS IN DISEASES
424.91 opens in new window	CLASSIFIED ELSEWHERE
424.99*	OTHER ENDOCARDITIS VALVE UNSPECIFIED
425.0	ENDOMYOCARDIAL FIBROSIS
425.11	HYPERTROPHIC OBSTRUCTIVE CARDIOMYOPATHY
425.18	OTHER HYPERTROPHIC CARDIOMYOPATHY
425.2 -	OBSCURE CARDIOMYOPATHY OF AFRICA - ALCOHOLIC CARDIOMYOPATHY
425.5 opens in new window	
425.7 -	NUTRITIONAL AND METABOLIC CARDIOMYOPATHY - SECONDARY CARDIOMYOPATHY
425.9* opens in new window	UNSPECIFIED
426.0	ATRIOVENTRICULAR BLOCK COMPLETE
426.10 -	ATRIOVENTRICULAR BLOCK UNSPECIFIED - OTHER SECOND DEGREE ATRIOVENTRICULAR
426.13 opens in new window	BLOCK
426.2 -	LEFT BUNDLE BRANCH HEMIBLOCK - RIGHT BUNDLE BRANCH BLOCK
426.4 opens in new window	
426.50 -	BUNDLE BRANCH BLOCK UNSPECIFIED - TRIFASCICULAR BLOCK
426.54 opens in new window	
426.6 -	OTHER HEART BLOCK - ANOMALOUS ATRIOVENTRICULAR EXCITATION
426.7 opens in new window	
426.81 -	LOWN-GANONG-LEVINE SYNDROME - LONG QT SYNDROME
426.82 opens in new window	
426.89	OTHER SPECIFIED CONDUCTION DISORDERS

426.9* CONDUCTION DISORDER UNSPECIFIED

[427.0 -](#)
[427.2 opens in new window](#) PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA - PAROXYSMAL TACHYCARDIA UNSPECIFIED

[427.31 -](#)
[427.32 opens in new window](#) ATRIAL FIBRILLATION - ATRIAL FLUTTER

[427.41 -](#)
[427.42 opens in new window](#) VENTRICULAR FIBRILLATION - VENTRICULAR FLUTTER

427.5 CARDIAC ARREST

[427.60 -](#)
[427.61 opens in new window](#) PREMATURE BEATS UNSPECIFIED - SUPRAVENTRICULAR PREMATURE BEATS

427.69 OTHER PREMATURE BEATS

427.81 SINOATRIAL NODE DYSFUNCTION

427.89* OTHER SPECIFIED CARDIAC DYSRHYTHMIAS

[428.0 -](#)
[428.1 opens in new window](#) CONGESTIVE HEART FAILURE UNSPECIFIED - LEFT HEART FAILURE

[428.20 -](#)
[428.23 opens in new window](#) UNSPECIFIED SYSTOLIC HEART FAILURE - ACUTE ON CHRONIC SYSTOLIC HEART FAILURE

[428.30 -](#)
[428.33 opens in new window](#) UNSPECIFIED DIASTOLIC HEART FAILURE - ACUTE ON CHRONIC DIASTOLIC HEART FAILURE

[428.40 -](#)
[428.43 opens in new window](#) UNSPECIFIED COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE - ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE

428.9* HEART FAILURE UNSPECIFIED

430 SUBARACHNOID HEMORRHAGE

431 INTRACEREBRAL HEMORRHAGE

[432.0 -](#)
[432.1 opens in new window](#) NONTRAUMATIC EXTRADURAL HEMORRHAGE - SUBDURAL HEMORRHAGE

[433.00 -](#)
[433.01 opens in new window](#) OCCLUSION AND STENOSIS OF BASILAR ARTERY WITHOUT CEREBRAL INFARCTION - OCCLUSION AND STENOSIS OF BASILAR ARTERY WITH CEREBRAL INFARCTION

[433.10 -](#)
[433.11 opens in new window](#) OCCLUSION AND STENOSIS OF CAROTID ARTERY WITHOUT CEREBRAL INFARCTION - OCCLUSION AND STENOSIS OF CAROTID ARTERY WITH CEREBRAL INFARCTION

[433.20 -](#)
[433.21 opens in new window](#) OCCLUSION AND STENOSIS OF VERTEBRAL ARTERY WITHOUT CEREBRAL INFARCTION - OCCLUSION AND STENOSIS OF VERTEBRAL ARTERY WITH CEREBRAL INFARCTION

[433.30 -](#)
[433.31 opens in new window](#) OCCLUSION AND STENOSIS OF MULTIPLE AND BILATERAL PRECEREBRAL ARTERIES WITHOUT CEREBRAL INFARCTION - OCCLUSION AND STENOSIS OF MULTIPLE AND BILATERAL PRECEREBRAL ARTERIES WITH CEREBRAL INFARCTION

[433.80 -](#)
[433.81 opens in new window](#) OCCLUSION AND STENOSIS OF OTHER SPECIFIED PRECEREBRAL ARTERY WITHOUT CEREBRAL INFARCTION - OCCLUSION AND STENOSIS OF OTHER SPECIFIED PRECEREBRAL ARTERY WITH CEREBRAL INFARCTION

[433.90 -](#)
[433.91 opens in new window](#) OCCLUSION AND STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERY WITHOUT CEREBRAL INFARCTION - OCCLUSION AND STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERY WITH CEREBRAL INFARCTION

[434.00 -](#)
[434.01 opens in new window](#) CEREBRAL THROMBOSIS WITHOUT CEREBRAL INFARCTION - CEREBRAL THROMBOSIS WITH CEREBRAL INFARCTION

[434.10 -](#)
[434.11 opens in new window](#) CEREBRAL EMBOLISM WITHOUT CEREBRAL INFARCTION - CEREBRAL EMBOLISM WITH CEREBRAL INFARCTION

[434.90 -](#)
[434.91 opens in new window](#) CEREBRAL ARTERY OCCLUSION UNSPECIFIED WITHOUT CEREBRAL INFARCTION - CEREBRAL ARTERY OCCLUSION UNSPECIFIED WITH CEREBRAL INFARCTION

BASILAR ARTERY SYNDROME - VERTEBROBASILAR ARTERY SYNDROME

[435.0 -](#)
[435.3 opens in new window](#)
[435.8 -](#)
[435.9 opens in new window](#) OTHER SPECIFIED TRANSIENT CEREBRAL ISCHEMIAS - UNSPECIFIED TRANSIENT CEREBRAL ISCHEMIA
 436 ACUTE BUT ILL-DEFINED CEREBROVASCULAR DISEASE
[437.0 -](#)
[437.9* opens in new window](#) CEREBRAL ATHEROSCLEROSIS - UNSPECIFIED CEREBROVASCULAR DISEASE
 490 BRONCHITIS NOT SPECIFIED AS ACUTE OR CHRONIC
 492.8 OTHER EMPHYSEMA
 496 CHRONIC AIRWAY OBSTRUCTION NOT ELSEWHERE CLASSIFIED
 500 COAL WORKERS' PNEUMOCONIOSIS
 501 ASBESTOSIS
 502 PNEUMOCONIOSIS DUE TO OTHER SILICA OR SILICATES
 503 PNEUMOCONIOSIS DUE TO OTHER INORGANIC DUST
 504 PNEUMONOPATHY DUE TO INHALATION OF OTHER DUST
 505 PNEUMOCONIOSIS UNSPECIFIED
[506.0 -](#)
[506.4 opens in new window](#) BRONCHITIS AND PNEUMONITIS DUE TO FUMES AND VAPORS - CHRONIC RESPIRATORY CONDITIONS DUE TO FUMES AND VAPORS
 506.9 UNSPECIFIED RESPIRATORY CONDITIONS DUE TO FUMES AND VAPORS
[508.0 -](#)
[508.2 opens in new window](#) ACUTE PULMONARY MANIFESTATIONS DUE TO RADIATION - RESPIRATORY CONDITIONS DUE TO SMOKE INHALATION
[508.8 -](#)
[508.9 opens in new window](#) RESPIRATORY CONDITIONS DUE TO OTHER SPECIFIED EXTERNAL AGENTS - RESPIRATORY CONDITIONS DUE TO UNSPECIFIED EXTERNAL AGENT
 510.0 EMPYEMA WITH FISTULA
 510.9 EMPYEMA WITHOUT FISTULA
 511.0 PLEURISY WITHOUT EFFUSION OR CURRENT TUBERCULOSIS
 511.81 MALIGNANT PLEURAL EFFUSION
 511.89 OTHER SPECIFIED FORMS OF EFFUSION, EXCEPT TUBERCULOUS
 511.9 UNSPECIFIED PLEURAL EFFUSION
[512.0 -](#)
[512.2 opens in new window](#) SPONTANEOUS TENSION PNEUMOTHORAX - POSTOPERATIVE AIR LEAK
 513.0 ABSCESS OF LUNG
[518.0 -](#)
[518.4 opens in new window](#) PULMONARY COLLAPSE - ACUTE EDEMA OF LUNG UNSPECIFIED
[518.51 -](#)
[518.53 opens in new window](#) ACUTE RESPIRATORY FAILURE FOLLOWING TRAUMA AND SURGERY - ACUTE AND CHRONIC RESPIRATORY FAILURE FOLLOWING TRAUMA AND SURGERY
 518.7 TRANSFUSION RELATED ACUTE LUNG INJURY (TRALI)
[518.81 -](#)
[518.82* opens in new window](#) ACUTE RESPIRATORY FAILURE - OTHER PULMONARY INSUFFICIENCY NOT ELSEWHERE CLASSIFIED
 570 ACUTE AND SUBACUTE NECROSIS OF LIVER
[571.0 -](#)
[571.3 opens in new window](#) ALCOHOLIC FATTY LIVER - ALCOHOLIC LIVER DAMAGE UNSPECIFIED
[571.40 -](#)
[571.42 opens in new window](#) CHRONIC HEPATITIS UNSPECIFIED - AUTOIMMUNE HEPATITIS
 571.49 OTHER CHRONIC HEPATITIS
[571.5 -](#)
[571.6 opens in new window](#) CIRRHOSIS OF LIVER WITHOUT ALCOHOL - BILIARY CIRRHOSIS
 571.8 OTHER CHRONIC NONALCOHOLIC LIVER DISEASE
 ABSCESS OF LIVER - HEPATORENAL SYNDROME

572.0 - 572.4 opens in new window	OTHER SEQUELAE OF CHRONIC LIVER DISEASE
572.8	
577.0 - 577.1* opens in new window	ACUTE PANCREATITIS - CHRONIC PANCREATITIS
578.9*	HEMORRHAGE OF GASTROINTESTINAL TRACT UNSPECIFIED
584.5 - 584.9 opens in new window	ACUTE KIDNEY FAILURE WITH LESION OF TUBULAR NECROSIS - ACUTE KIDNEY FAILURE, UNSPECIFIED
585.4 - 585.6 opens in new window	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE) - END STAGE RENAL DISEASE
586*	RENAL FAILURE UNSPECIFIED
745.5	OSTIUM SECUNDUM TYPE ATRIAL SEPTAL DEFECT
780.1*	HALLUCINATIONS
780.31 - 780.33 opens in new window	FEBRILE CONVULSIONS (SIMPLE), UNSPECIFIED - POST TRAUMATIC SEIZURES
780.39*	OTHER CONVULSIONS
785.50 - 785.52 opens in new window	SHOCK UNSPECIFIED - SEPTIC SHOCK
785.59*	OTHER SHOCK WITHOUT TRAUMA
786.1	STRIDOR
995.0 - 995.1 opens in new window	OTHER ANAPHYLACTIC REACTION - ANGIONEUROTIC EDEMA NOT ELSEWHERE CLASSIFIED
995.20 - 995.22 opens in new window	UNSPECIFIED ADVERSE EFFECT OF UNSPECIFIED DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE - UNSPECIFIED ADVERSE EFFECT OF ANESTHESIA
995.24	FAILED MODERATE SEDATION DURING PROCEDURE
995.27	OTHER DRUG ALLERGY
995.29	UNSPECIFIED ADVERSE EFFECT OF OTHER DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE
995.3 - 995.4 opens in new window	ALLERGY UNSPECIFIED NOT ELSEWHERE CLASSIFIED - SHOCK DUE TO ANESTHESIA NOT ELSEWHERE CLASSIFIED
995.60 - 995.69 opens in new window	ANAPHYLACTIC REACTION DUE TO UNSPECIFIED FOOD - ANAPHYLACTIC REACTION DUE TO OTHER SPECIFIED FOOD
V14.4 - V14.6 opens in new window	PERSONAL HISTORY OF ALLERGY TO ANESTHETIC AGENT - PERSONAL HISTORY OF ALLERGY TO ANALGESIC AGENT
V15.80	PERSONAL HISTORY OF FAILED MODERATE SEDATION
V44.0	TRACHEOSTOMY STATUS
V46.2	DEPENDENCE ON SUPPLEMENTAL OXYGEN
V58.69*	LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS

Group 1 Medical Necessity ICD-9 Codes Asterisk Explanation: *Note: Use of the diagnosis codes 038.8–038.9 must be representative of the patient’s acute sepsis condition.

Note: Use of the diagnosis codes 255.8–255.9 must be representative of the patient’s severe metabolic condition (e.g., a greatly elevated blood sugar, such as 300 mg.%).

Note: Use of the diagnosis codes 276.7–276.9 must be representative of the patient’s electrolyte imbalance (e.g., sodium, potassium or calcium levels, etc., significantly outside normal limits).

Note: Use of the diagnosis codes 277.00–277.02 would indicate that the patient has significant respiratory impairment related to this condition.

Note: Use of diagnosis code 278.01 indicates the patient is at least two times ideal body weight.

Note: Use of the diagnosis codes 299.80–299.81 must be representative of the patient’s significant organic brain syndrome/dementia (with confusion or combative behavior) or psychotic condition.

Note: Use of diagnosis code 300.10 must be representative of the patient’s severe anxiety, hysteria or panic attack condition supported by the need for and responses to sedative medication(s).

Note: Use of diagnosis code 300.29 should represent that the patient has a severe phobic condition.

Note: Use of the diagnosis codes 304.90–304.93 must be representative of the patient’s drug dependency acute,

detoxification state) condition.

Note: Use of the diagnosis codes 305.00–305.02 must be representative of the patient’s acute drunken condition.

Note: Use of the diagnosis codes 305.80–305.82 must be representative of the patient’s drug abuse (acute, detoxification state) condition.

Note: Use of the diagnosis codes 332.0–332.1 must be representative of the patient’s condition.

Note: Use of the diagnosis code 340 would be indicative of the patient’s having significant neurological impairment due to multiple sclerosis.

Note: Use of the diagnosis code 343.9 must be representative of the patient’s condition.

Note: Use of the diagnosis codes 345.90–345.91 must be representative of the patient’s seizure disorder condition requiring appropriate antiepileptic medication.

Note: Use of the diagnosis codes 391.0–391.2 must be representative of the patient’s having an acute and unstable condition related to acute rheumatic cardiac disease.

Note: Use of the diagnosis code 397.9 must be representative of the patient’s valvular heart disease condition (acute, symptomatic) supported by medical treatment and cardiac medications.

Note: Use of the diagnosis code 401.9 must be representative of the patient’s condition (systolic pressure over 180 or diastolic over 110 and on more than two antihypertensive medications).

Note: Use of the diagnosis codes 402.90–402.91 must be representative of the patient’s having an acute and unstable condition requiring multiple medications.

Note: Use of the diagnosis code 411.89 must be representative of the patient’s acute and unstable condition.

Note: Use of the diagnosis code 412 must be representative of the patient’s acute and unstable (e.g., multiple medications) ischemic heart disease/condition.

Note: Use of the diagnosis codes 414.8–414.9 must be representative of the patient’s condition.

Note: Use of the diagnosis code 416.9 must be representative of the patient’s severe pulmonary condition.

Note: Use of the diagnosis code 424.99 must be representative of the patient’s acute and unstable heart disease/condition requiring multiple medications.

Note: 425.7–425.9 Use of the diagnosis codes in the section above must be representative of the patient’s severely impaired condition requiring multiple medications.

Note: Use of the diagnosis code 426.9 must be representative of the patient’s significant life threatening arrhythmia condition, such as ventricular rhythms.

Note: Use of the diagnosis code 427.89 must be representative of the patient’s significant arrhythmic condition, supported by history and diagnosis and use of appropriate treatment.

Note: 428.9 Use of the diagnosis codes in the section above must be representative of the patient’s significant heart failure condition supported by the patient being on pulmonary and/or cardiac medications.

Note: Use of the diagnosis codes 437.0–437.9 must be representative of the patient’s acutely impaired condition supported by diagnosis and treatment.

Note: Use of the diagnosis codes 518.81–518.82 must be representative of the patient’s condition.

Note: Use of the diagnosis codes 577.0–577.1 must be representative of the patient’s hepatic failure condition (serum bilirubin greater than 3).

Note: Use of the diagnosis code 578.9 must be representative of massive gastrointestinal bleeding (e.g., more than 500 cc. of acute blood loss).

Note: Use of the diagnosis code 586 must be representative of the patient’s condition as acute renal failure or end stage renal disease on a dialysis program (serum creatinine level greater than 2).

Note: Use of the diagnosis code 780.1 must be representative of the patient’s condition (supported by history and use of appropriate sedative medication).

Note: Use of the diagnosis code 780.39 must be representative of the patient’s unstable condition requiring multiple medications.

Note: Use of the diagnosis code 785.59 must be indicative of systolic pressure under 90 mmHg.

Note: With V58.69, the medication, duration of use and dosage must be maintained in the medical record.

ICD-9 Codes that DO NOT Support Medical Necessity

Paragraph: N/A

N/A

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General Information

Associated Information

Diagnoses that Support Medical Necessity

Additional diagnoses that do not have a fully descriptive ICD-9-CM code are listed below. By using the diagnosis code(s) listed, the medical records must reflect the conditions as described.

- For combative patients, use ICD-9-CM code 312.9.
- For patients with low pain thresholds or who suffer severe pain, use ICD-9-CM code 997.00.
- For intraoperative expansion of procedure, use ICD-9-CM code 998.9.
- For any condition in a pediatric patient, Medicare eligible and younger than 18 years of age, use ICD-9-CM code 999.9.
- For patients with mental retardation (patients who are uncooperative due to a lack of understanding caused by their mental disability), use ICD-9-CM code 319

If MAC is used for these reasons, clinical records must be available upon request that justify the need for MAC.

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-9-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
4. The medical record documentation must support the medical necessity of the services as directed in this policy.
5. Hospital, outpatient, ASC or office records should clearly document the reason for the MAC (e.g., the patient's condition that requires the appropriate anesthesia; indications the procedure performed was deep, complex, complicated or markedly invasive).
6. The medical record should include a pre-anesthesia evaluation including a history and physical exam
7. The medical record should include evidence of continuous monitoring of the patient's oxygenation, ventilation, circulation and temperature.
8. The medical record should include a post-anesthesia evaluation of the patient including any unusual events or complications and the patient's status on discharge.

Sources of Information and Basis for Decision

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

AGA Institute. AGA Institute Review of Endoscopic Sedation. *Gastroenterology* 2007; 133:675-701.

American Society of Anesthesiology Task Force. Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists. *Anesthesiology* 2002 April; 96(4): 1004-1017.

ASGE Practice Guidelines. Sedation and Anesthesia in GI Endoscopy. *Gastrointestinal Endoscopy* 2008; 86(5) 815-826.

ASGE Practice Guidelines. Guidelines for Safety in the Gastrointestinal Endoscopy Unit. *Gastrointestinal Endoscopy*. 2014; 79(3): 363-372.

CDC Website on Colorectal Cancer @<http://www.cdc.gov/cancer/colorectal/statistics/state.htm>

Contractor Medical Directors

JL LCD L27489 Monitored Anesthesia Care (MAC)

Other Contractor Local Coverage Determinations

"Monitored Anesthesia Care," TrailBlazer LCD, (00400) L15969, (00900) L16418.

"Monitored Anesthesia Care," Noridian Administrative Services, LLD LCD, (CO) (L23737).

"Monitored Anesthesia Care," Arkansas BlueCross BlueShield (Pinnacle) LCD, (NM, OK) L14639.

Novitas Solutions, Inc. – JH Local Coverage Determination (LCD) Consolidation, Narrative Justification – Most Clinically Appropriate LCD

LCDs Compared:

L26520, Monitored Anesthesia Care, TrailBlazer, TX, NM, OK, CO, Indian Health Service, SNF, RHC, WPS legacy provider – A/B

CMD Rationale:

TrailBlazer is the only Contractor with a policy in this region. There is an extensive indications and Limitations section that explains the expectations with this service. There is diagnosis to procedure code editing. This is a policy that should be maintained as this service and the coverage requirements frequently cause confusion.

L26520 is the most clinically appropriate LCD.

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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
04/09/2015	R6	LCD Posted for Notice 02/20/2015 to become effective 04/09/2015, created from draft DL32628. 05/15/2014 - Draft Posted for Comment	<ul style="list-style-type: none"> Creation of Uniform LCDs With Other MAC Jurisdiction
09/01/2014	R5	This revision updates the Novitas Solutions MAC numerical jurisdictional designation to the new MAC Lettered jurisdiction designation(s). No other changes were made to this LCD.	<ul style="list-style-type: none"> Change to Lettered Jurisdiction Designation
08/21/2014	R4	LCD updated on 08-13-2014 for administrative purposes only. No content changes have been made to this LCD version.	<ul style="list-style-type: none"> Other (Administrative purposes.)
01/01/2013	R3	LCD revised for dates of service on and after 01/01/2013 to reflect the annual CPT/HCPCS code updates. The following code descriptor(s) have been revised: 01930. Diagnoses that Support Medical Necessity inadvertently removed from R2 added back to R3. (This is the only difference between R2 and R3)	<ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes Other (Diagnoses that Support Medical Necessity inadvertently removed from previous version added back to LCD.)
01/01/2013	R2	LCD revised for dates of service on and after 01/01/2013 to reflect the annual CPT/HCPCS code updates. The following code descriptor(S) have been revised: 01930.	<ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes
11/19/2012	R1	11/19/2012 (Revision History Number 5) Per CMS Change Request (CR) 7812, this LCD has been updated with the original effective date of 11/19/2012 to add the Novitas Jurisdiction H Part B MAC Contract Numbers 04112, 04212, 04312, and 04412 for Colorado Part B, New Mexico Part B, Oklahoma Part B, Texas Part B, Indian Health Service (IHS)/Tribal/Urban Indian Providers Part B, and Veterans Affairs (VA) Part B. No other changes were made to this LCD.	N/A

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		10/29/2012 (Revision History Number 4) Per CMS Change Request (CR) 7812, this LCD has been updated with the original effective date of 10/29/2012 to add the Novitas Jurisdiction H Part A MAC Contract Numbers 04911, 04111, 04211, 04311, and 04411 for Colorado Part A, New Mexico Part A, Oklahoma Part A, Texas Part A, Indian Health Service (IHS)/Tribal/Urban Indian Providers Part A, and Veterans Affairs (VA) Part A. No other changes were made to this LCD.	
		10/22/2012 (Revision History Number 3) LCD original effective date of 10/22/2012 for Mississippi Part B.	
		08/20/2012 (Revision History Number 2) LCD original effective date of 08/20/2012 for Arkansas Part A, Louisiana Part A and Mississippi Part A.	
		08/13/2012 (Revision History Number 1) LCD original effective date of 08/13/2012 for Arkansas Part B and Louisiana Part B. LCD posted for notice on 06/28/2012.	
		11/25/2012 - For the following CPT/HCPCS codes either the short description and/or the long description was changed. Depending on which description is used in this LCD, there may not be any change in how the code displays in the document: 01930 descriptor was changed in Group 1 01991 descriptor was changed in Group 1 01992 descriptor was changed in Group 1	

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Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 02/13/2015 with effective dates 04/09/2015 - N/A Some older versions have been archived. Please visit the [MCD Archive Site opens in new window](#) to retrieve them. [Back to Top](#)

Keywords

N/A Read the [LCD Disclaimer opens in new window](#) [Back to Top](#)