

Local Coverage Determination (LCD) for Cytogenetic Studies (L24295)

Contractor Information

Contractor Name

Noridian Administrative Services, LLC

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03402

Contractor Type

MAC - Part B

LCD Information

Document Information

LCD ID Number

L24295

Primary Geographic Jurisdiction

South Dakota

LCD Title

Cytogenetic Studies

Oversight Region

Region X

Contractor's Determination Number

J3 CB2006.24 R11

Original Determination Effective Date

For services performed on or after 12/01/2006

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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

Title XVIII of the Social Security Act, Section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act, Section 1833(e). This section prohibits Medicare payment for any claim, which lacks the necessary information to process the claim.

Medicare National Coverage Determinations (NCD) Manual, 100-3, Section 190.3

Indications and Limitations of Coverage and/or Medical Necessity

Cytogenetics is the study of chromosomes by light or fluorescent microscopy. Cytogenetic testing is used to study an individual's chromosome makeup. The term karyotyping refers to the arrangement of nucleus chromosomes in order from the largest to the smallest to analyze their number and structure. Cytogenetic testing involves the determination of chromosome number and structure; variations in either can produce numerous physical abnormalities. With cytogenetic testing, the total chromosome count is determined first, followed by the sex chromosome complement and then by any abnormalities. A normal karyotype of chromosomes consists of a pattern of 22 pairs of autosomal chromosomes and a pair of sex chromosomes: XY for the male and XX for the female. A plus (+) or minus (-) sign indicates, respectively, a gain or loss of chromosomal material.

Specimens for cytogenetic analysis can be obtained for routine analysis from the peripheral blood, in which case T lymphocytes are examined; from amniotic fluid for culture of amniocytes; from trophoblastic cells from the chorionic villus; from bone marrow; from solid tumors, and from cultured fibroblasts, usually obtained from a skin biopsy. Enough cells must be examined so that the chance of missing a cytogenetically distinct cell line (a situation of mosaicism) is statistically low. For most clinical indications, 20 mitoses are examined and counted under direct microscopic visualization, and two are photographed or digitalized and karyotypes are prepared. Observation of aberrations usually prompts more extended scrutiny, and in many cases, further analysis of the original culture.

Per Medicare National Coverage Determinations (NCD) Manual, 100-3, Section 190.3:

"Medicare covers these tests when they are reasonable and necessary for the diagnosis or treatment of the following conditions:

- Genetic disorders (e.g., mongolism) in a fetus; (See the Medicare Benefit Policy Chapter 15, "Covered Medical and Other Health Services," 20.1)
- Failure of sexual development; or
- Chronic myelogenous leukemia.
- Acute leukemias, lymphoid (FAB L1-L3), myeloid (FAB M0-M7) and unclassified; or
- Myelodysplasia." (End of Quote)

The above quotation obligates the carrier to cover the listed diagnoses but **does not limit** coverage to that list. Further, genetic disorders and failure of sexual development involve chromosomal abnormalities that are stable over time, and, accordingly, payment for cytogenetic studies for these abnormalities will be allowed once per lifetime. This is in contrast to the malignancies, where **repeated** cytogenetic studies may be appropriate. At the present time, it should be noted that, even in cases of genetic disorders, the general policy limitation is for once per lifetime testing. When clinically-relevant technological advances (such as with FISH testing), are available, and repeat testing is believed to be medically reasonable and necessary, such claims must be billed using an additional ICD-9-CM code. (See the section titled ICD-9-CM Codes that Support Medical Necessity and attached Coding Guidelines for additional information.)

"Urovysion", a proprietary test for recurrent bladder cancer identification and monitoring, utilizes multiple probes, which are applied simultaneously, for dates of service on and after 01/01/2011, is correctly identified by two new CPT codes included in this LCD.

NAS finds little evidence in the literature that consistent chromosomal abnormalities in the conditions of polycythemia vera, agnogenic myeloid metaplasia, idiopathic thrombocytopenia and multiple myeloma are known, or that their identification is likely to affect patient care; consequently, these are considered to be payable diagnoses **only** when the medical record contains clear, unequivocal documentation that this testing is medically reasonable and necessary for the individual case under consideration.

Concerning the testing of HER-2/neu antibodies, Noridian believes that current literature amply supports the notion that HER-2/neu tests on histological sections of breast cancers may, in the appropriate clinical settings, provide useful prognostic information and therapeutic indications for treating metastatic disease with anti-HER-2/neu antibodies. For this or any other medically necessary use of in situ hybridization (FISH) testing, for dates of service on or after January 1, 2005, quantitative or semi-quantitative in situ hybridization (tissue or cellular) performed by computer-assisted technology should be reported as CPT code 88367 when performed by a physician (limited to M.D./D.O.). Beginning January 1, 2005, quantitative or semi-quantitative in situ hybridization (tissue or cellular) performed by manual methods should be reported as CPT code 88368 when performed by a physician (limited to M.D./D.O.). Do not report CPT code 88365 with CPT codes 88367 or 88368 for the same probe. Only one unit of service may be reported for CPT code 88365, 88367 or 88368 for each reportable probe. These codes include both a professional component and a technical component.

When a test for HER-2/neu protein over expression is performed using an immunocytochemistry technique, the test should be billed as 88342, immunocytochemistry. Thus, other CPT codes listed in the CPT/HCPCS Codes section of this policy should not be used when billing for HER-2/neu antibodies.

Since there is no current provider category for PhD Geneticists, notwithstanding the certainty that such providers are capable of demonstrating superb training and expertise, Medicare Contractors do not have the authority to create a provider category to allow payment for their services. We encourage these providers to continue discussion with CMS in this regard.

NAS recognizes that Cytogenetic Testing is an emerging technology with rapidly expanding indications and will accept recommendations to reconsider the list of covered diagnoses. However, these requests for reconsideration must be submitted as a formal reconsideration (See www.noridianmedicare.com for the reconsideration process.) and must be accompanied by complete copies of relevant peer-reviewed literature that support the recommendation.

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review.

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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.

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.

99999	Not Applicable
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CPT/HCPCS Codes

GroupName

Short descriptions only are listed. Please consult the current CPT book for complete descriptions.

88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MORPHOMETRIC ANALYSIS, 3-5 MOLECULAR PROBES, EACH SPECIMEN; MANUAL
88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MORPHOMETRIC ANALYSIS, 3-5 MOLECULAR PROBES, EACH SPECIMEN; USING COMPUTER-ASSISTED TECHNOLOGY
88230	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; LYMPHOCYTE
88233	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; SKIN OR OTHER SOLID TISSUE BIOPSY
88235	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; AMNIOTIC FLUID OR CHORIONIC VILLUS CELLS
88237	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD CELLS
88239	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; SOLID TUMOR
88240	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS, EACH CELL LINE
88241	THAWING AND EXPANSION OF FROZEN CELLS, EACH ALIQUOT
88245	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER CHROMATID EXCHANGE (SCE), 20-25 CELLS
88248	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE BREAKAGE, SCORE 50-100 CELLS, COUNT 20 CELLS, 2 KARYOTYPES (EG, FOR ATAXIA TELANGIECTASIA, FANCONI ANEMIA, FRAGILE X)
88249	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, CLASTOGEN STRESS (EG, DIEPOXYBUTANE, MITOMYCIN C, IONIZING RADIATION, UV RADIATION)
88261	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING
88262	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, WITH BANDING

88263	CHROMOSOME ANALYSIS; COUNT 45 CELLS FOR MOSAICISM, 2 KARYOTYPES, WITH BANDING
88264	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS
88267	CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIONIC VILLUS, COUNT 15 CELLS, 1 KARYOTYPE, WITH BANDING
88269	CHROMOSOME ANALYSIS, IN SITU FOR AMNIOTIC FLUID CELLS, COUNT CELLS FROM 6-12 COLONIES, 1 KARYOTYPE, WITH BANDING
88271	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)
88272	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 3-5 CELLS (EG, FOR DERIVATIVES AND MARKERS)
88273	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 10-30 CELLS (EG, FOR MICRODELETIONS)
88274	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25-99 CELLS
88275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-300 CELLS
88280	CHROMOSOME ANALYSIS; ADDITIONAL KARYOTYPES, EACH STUDY
88283	CHROMOSOME ANALYSIS; ADDITIONAL SPECIALIZED BANDING TECHNIQUE (EG, NOR, C-BANDING)
88285	CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED, EACH STUDY
88289	CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY
88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT
88299	UNLISTED CYTOGENETIC STUDY

ICD-9 Codes that Support Medical Necessity

Note: Diagnosis codes are based on the current ICD-9-CM codes that are effective at the time of LCD publication. Any updates to ICD-9-CM codes will be reviewed by NAS, and coverage should not be presumed until the results of such review have been published/posted.

These are the **only** covered ICD-9-CM codes that support medical necessity:

171.9*	MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE SITE UNSPECIFIED
188.0	MALIGNANT NEOPLASM OF TRIGONE OF URINARY BLADDER
188.1	MALIGNANT NEOPLASM OF DOME OF URINARY BLADDER
188.2	MALIGNANT NEOPLASM OF LATERAL WALL OF URINARY BLADDER
188.3	MALIGNANT NEOPLASM OF ANTERIOR WALL OF URINARY BLADDER
188.4	MALIGNANT NEOPLASM OF POSTERIOR WALL OF URINARY BLADDER
188.5	MALIGNANT NEOPLASM OF BLADDER NECK
188.6	MALIGNANT NEOPLASM OF URETERIC ORIFICE
188.7	MALIGNANT NEOPLASM OF URACHUS
188.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF BLADDER
189.0	MALIGNANT NEOPLASM OF KIDNEY EXCEPT PELVIS
200.00	RETICULOSARCOMA UNSPECIFIED SITE
200.01	RETICULOSARCOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
200.02	RETICULOSARCOMA INVOLVING INTRATHORACIC LYMPH NODES
200.03	RETICULOSARCOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
200.04	RETICULOSARCOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
200.05	RETICULOSARCOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.06	RETICULOSARCOMA INVOLVING INTRAPELVIC LYMPH NODES
200.07	RETICULOSARCOMA INVOLVING SPLEEN
200.08	RETICULOSARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES

200.10	LYMPHOSARCOMA UNSPECIFIED SITE
200.11	LYMPHOSARCOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
200.12	LYMPHOSARCOMA INVOLVING INTRATHORACIC LYMPH NODES
200.13	LYMPHOSARCOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
200.14	LYMPHOSARCOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
200.15	LYMPHOSARCOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.16	LYMPHOSARCOMA INVOLVING INTRAPELVIC LYMPH NODES
200.17	LYMPHOSARCOMA INVOLVING SPLEEN
200.18	LYMPHOSARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
200.20	BURKITT'S TUMOR OR LYMPHOMA UNSPECIFIED SITE
200.21	BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
200.22	BURKITT'S TUMOR OR LYMPHOMA INVOLVING INTRATHORACIC LYMPH NODES
200.23	BURKITT'S TUMOR OR LYMPHOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
200.24	BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
200.25	BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.26	BURKITT'S TUMOR OR LYMPHOMA INVOLVING INTRAPELVIC LYMPH NODES
200.27	BURKITT'S TUMOR OR LYMPHOMA INVOLVING SPLEEN
200.28	BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
200.80	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA UNSPECIFIED SITE
200.81	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
200.82	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING INTRATHORACIC LYMPH NODES
200.83	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
200.84	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
200.85	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.86	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING INTRAPELVIC LYMPH NODES
200.87	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING SPLEEN
200.88	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
201.00	HODGKIN'S PARAGRANULOMA UNSPECIFIED SITE
201.01	HODGKIN'S PARAGRANULOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.02	HODGKIN'S PARAGRANULOMA INVOLVING INTRATHORACIC LYMPH NODES
201.03	HODGKIN'S PARAGRANULOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.04	HODGKIN'S PARAGRANULOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.05	HODGKIN'S PARAGRANULOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.06	HODGKIN'S PARAGRANULOMA INVOLVING INTRAPELVIC LYMPH NODES
201.07	HODGKIN'S PARAGRANULOMA INVOLVING SPLEEN
201.08	HODGKIN'S PARAGRANULOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
201.10	HODGKIN'S GRANULOMA UNSPECIFIED SITE
201.11	HODGKIN'S GRANULOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK

201.12	HODGKIN'S GRANULOMA INVOLVING INTRATHORACIC LYMPH NODES
201.13	HODGKIN'S GRANULOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.14	HODGKIN'S GRANULOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.15	HODGKIN'S GRANULOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.16	HODGKIN'S GRANULOMA INVOLVING INTRAPELVIC LYMPH NODES
201.17	HODGKIN'S GRANULOMA INVOLVING SPLEEN
201.18	HODGKIN'S GRANULOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
201.20	HODGKIN'S SARCOMA UNSPECIFIED SITE
201.21	HODGKIN'S SARCOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.22	HODGKIN'S SARCOMA INVOLVING INTRATHORACIC LYMPH NODES
201.23	HODGKIN'S SARCOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.24	HODGKIN'S SARCOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.25	HODGKIN'S SARCOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.26	HODGKIN'S SARCOMA INVOLVING INTRAPELVIC LYMPH NODES
201.27	HODGKIN'S SARCOMA INVOLVING SPLEEN
201.28	HODGKIN'S SARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
201.40	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE UNSPECIFIED SITE
201.41	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.42	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING INTRATHORACIC LYMPH NODES
201.43	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.44	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.45	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.46	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING INTRAPELVIC LYMPH NODES
201.47	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING SPLEEN
201.48	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING LYMPH NODES OF MULTIPLE SITES
201.50	HODGKIN'S DISEASE NODULAR SCLEROSIS UNSPECIFIED SITE
201.51	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.52	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING INTRATHORACIC LYMPH NODES
201.53	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.54	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.55	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.56	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING INTRAPELVIC LYMPH NODES
201.57	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING SPLEEN
201.58	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF MULTIPLE SITES
201.60	HODGKIN'S DISEASE MIXED CELLULARITY UNSPECIFIED SITE
201.61	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF HEAD FACE AND NECK

201.62	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING INTRATHORACIC LYMPH NODES
201.63	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.64	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.65	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.66	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING INTRAPELVIC LYMPH NODES
201.67	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING SPLEEN
201.68	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF MULTIPLE SITES
201.70	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION UNSPECIFIED SITE
201.71	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.72	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING INTRATHORACIC LYMPH NODES
201.73	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.74	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.75	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.76	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING INTRAPELVIC LYMPH NODES
201.77	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING SPLEEN
201.78	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING LYMPH NODES OF MULTIPLE SITES
201.90	HODGKIN'S DISEASE UNSPECIFIED TYPE UNSPECIFIED SITE
201.91	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.92	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING INTRATHORACIC LYMPH NODES
201.93	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.94	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.95	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.96	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING INTRAPELVIC LYMPH NODES
201.97	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING SPLEEN
201.98	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF MULTIPLE SITES
202.00	NODULAR LYMPHOMA UNSPECIFIED SITE
202.01	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.02	NODULAR LYMPHOMA INVOLVING INTRATHORACIC LYMPH NODES
202.03	NODULAR LYMPHOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.04	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.05	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.06	NODULAR LYMPHOMA INVOLVING INTRAPELVIC LYMPH NODES
202.07	NODULAR LYMPHOMA INVOLVING SPLEEN
202.08	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
202.80	OTHER MALIGNANT LYMPHOMAS UNSPECIFIED SITE

202.81	OTHER MALIGNANT LYMPHOMAS INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.82	OTHER MALIGNANT LYMPHOMAS INVOLVING INTRATHORACIC LYMPH NODES
202.83	OTHER MALIGNANT LYMPHOMAS INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.84	OTHER MALIGNANT LYMPHOMAS INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.85	OTHER MALIGNANT LYMPHOMAS INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
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202.90	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE UNSPECIFIED SITE
202.91	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.92	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING INTRATHORACIC LYMPH NODES
202.93	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.94	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.95	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.96	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING INTRAPELVIC LYMPH NODES
202.97	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING SPLEEN
202.98	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING LYMPH NODES OF MULTIPLE SITES
203.00	MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
203.01	MULTIPLE MYELOMA IN REMISSION
203.02	MULTIPLE MYELOMA, IN RELAPSE
203.10	PLASMA CELL LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
203.11	PLASMA CELL LEUKEMIA IN REMISSION
203.12	PLASMA CELL LEUKEMIA, IN RELAPSE
203.82	OTHER IMMUNOPROLIFERATIVE NEOPLASMS, IN RELAPSE
204.00	ACUTE LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.01	LYMPHOID LEUKEMIA ACUTE IN REMISSION
204.02	ACUTE LYMPHOID LEUKEMIA, IN RELAPSE
204.10	CHRONIC LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.12	CHRONIC LYMPHOID LEUKEMIA, IN RELAPSE
204.22	SUBACUTE LYMPHOID LEUKEMIA, IN RELAPSE
204.80	OTHER LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.81	OTHER LYMPHOID LEUKEMIA IN REMISSION
204.82	OTHER LYMPHOID LEUKEMIA, IN RELAPSE
205.00	ACUTE MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
205.01	MYELOID LEUKEMIA ACUTE IN REMISSION
205.02	ACUTE MYELOID LEUKEMIA, IN RELAPSE
205.10	CHRONIC MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
205.11	MYELOID LEUKEMIA CHRONIC IN REMISSION
205.12	CHRONIC MYELOID LEUKEMIA, IN RELAPSE

205.20	SUBACUTE MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
205.21	MYELOID LEUKEMIA SUBACUTE IN REMISSION
205.22	SUBACUTE MYELOID LEUKEMIA, IN RELAPSE
205.30	MYELOID SARCOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
205.31	MYELOID SARCOMA IN REMISSION
205.32	MYELOID SARCOMA, IN RELAPSE
205.80	OTHER MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
205.81	OTHER MYELOID LEUKEMIA IN REMISSION
205.82	OTHER MYELOID LEUKEMIA, IN RELAPSE
205.90	UNSPECIFIED MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
205.91	UNSPECIFIED MYELOID LEUKEMIA IN REMISSION
206.00	ACUTE MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
206.01	MONOCYTIC LEUKEMIA ACUTE IN REMISSION
206.02	ACUTE MONOCYTIC LEUKEMIA, IN RELAPSE
206.82	OTHER MONOCYTIC LEUKEMIA, IN RELAPSE
206.90	UNSPECIFIED MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
206.91	UNSPECIFIED MONOCYTIC LEUKEMIA IN REMISSION
207.20	MEGAKARYOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
207.21	MEGAKARYOCYTIC LEUKEMIA IN REMISSION
207.22	MEGAKARYOCYTIC LEUKEMIA, IN RELAPSE
207.82	OTHER SPECIFIED LEUKEMIA, IN RELAPSE
208.00	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
208.01	LEUKEMIA OF UNSPECIFIED CELL TYPE ACUTE IN REMISSION
208.02	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
225.2	BENIGN NEOPLASM OF CEREBRAL MENINGES
238.4	POLYCYTHEMIA VERA
238.6	NEOPLASM OF UNCERTAIN BEHAVIOR OF PLASMA CELLS
238.71	ESSENTIAL THROMBOCYTHEMIA
238.72	LOW GRADE MYELODYSPLASTIC SYNDROME LESIONS
238.73	HIGH GRADE MYELODYSPLASTIC SYNDROME LESIONS
238.74	MYELODYSPLASTIC SYNDROME WITH 5Q DELETION
238.75	MYELODYSPLASTIC SYNDROME, UNSPECIFIED
238.77	POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER (PTLD)
238.79	OTHER LYMPHATIC AND HEMATOPOIETIC TISSUES
259.0	DELAY IN SEXUAL DEVELOPMENT AND PUBERTY NOT ELSEWHERE CLASSIFIED
273.1	MONOCLONAL PARAPROTEINEMIA
273.3	MACROGLOBULINEMIA
284.01	CONSTITUTIONAL RED BLOOD CELL APLASIA
284.09	OTHER CONSTITUTIONAL APLASTIC ANEMIA
284.19	OTHER PANCYTOPENIA
284.2	MYELOPHTHISIS
284.81	RED CELL APLASIA (ACQUIRED) (ADULT) (WITH THYMOMA)
284.89	OTHER SPECIFIED APLASTIC ANEMIAS
284.9	APLASTIC ANEMIA UNSPECIFIED
285.0	SIDEROBLASTIC ANEMIA

285.1	ACUTE POSTHEMORRHAGIC ANEMIA
285.21	ANEMIA IN CHRONIC KIDNEY DISEASE
285.22	ANEMIA IN NEOPLASTIC DISEASE
285.29	ANEMIA OF OTHER CHRONIC DISEASE
285.8	OTHER SPECIFIED ANEMIAS
285.9	ANEMIA UNSPECIFIED
287.30	PRIMARY THROMBOCYTOPENIA,UNSPECIFIED
287.31	IMMUNE THROMBOCYTOPENIC PURPURA
287.32	EVANS' SYNDROME
287.33	CONGENITAL AND HEREDITARY THROMBOCYTOPENIC PURPURA
287.39	OTHER PRIMARY THROMBOCYTOPENIA
287.41	POSTTRANSFUSION PURPURA
287.49	OTHER SECONDARY THROMBOCYTOPENIA
288.01*	CONGENITAL NEUTROPENIA
288.02	CYCLIC NEUTROPENIA
288.1	FUNCTIONAL DISORDERS OF POLYMORPHONUCLEAR NEUTROPHILS
288.2	GENETIC ANOMALIES OF LEUKOCYTES
288.3	EOSINOPHILIA
288.4	HEMOPHAGOCYTIC SYNDROMES
288.61	LYMPHOCYTOSIS (SYMPTOMATIC)
288.63	MONOCYTOSIS (SYMPTOMATIC)
288.64	PLASMACYTOSIS
288.65	BASOPHILIA
288.8	OTHER SPECIFIED DISEASE OF WHITE BLOOD CELLS
289.6	FAMILIAL POLYCYTHEMIA
289.7	METHEMOGLOBINEMIA
289.81	PRIMARY HYPERCOAGULABLE STATE
289.82	SECONDARY HYPERCOAGULABLE STATE
289.83	MYELOFIBROSIS
289.89	OTHER SPECIFIED DISEASES OF BLOOD AND BLOOD-FORMING ORGANS
334.8	OTHER SPINOCEREBELLAR DISEASES
388.5	DISORDERS OF ACOUSTIC NERVE
389.10	SENSORINEURAL HEARING LOSS UNSPECIFIED
629.9	UNSPECIFIED DISORDER OF FEMALE GENITAL ORGANS
630	HYDATIDIFORM MOLE
631.0	INAPPROPRIATE CHANGE IN QUANTITATIVE HUMAN CHORIONIC GONADOTROPIN (HCG) IN EARLY PREGNANCY
632	MISSED ABORTION
646.33	RECURRENT PREGNANCY LOSS, ANTEPARTUM CONDITION OR COMPLICATION
655.00	CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS UNSPECIFIED AS TO EPISODE OF CARE IN PREGNANCY
655.01	CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS WITH DELIVERY
655.03	CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS ANTEPARTUM
655.10	CHROMOSOMAL ABNORMALITY IN FETUS AFFECTING MANAGEMENT OF MOTHER UNSPECIFIED AS TO EPISODE OF CARE IN PREGNANCY
655.11	CHROMOSOMAL ABNORMALITY IN FETUS AFFECTING MANAGEMENT OF MOTHER WITH DELIVERY
655.13	CHROMOSOMAL ABNORMALITY IN FETUS AFFECTING MANAGEMENT OF MOTHER ANTEPARTUM
655.20	HEREDITARY DISEASE IN FAMILY POSSIBLY AFFECTING FETUS AFFECTING MANAGEMENT OF MOTHER UNSPECIFIED AS TO EPISODE OF CARE IN PREGNANCY

655.21	HEREDITARY DISEASE IN FAMILY POSSIBLY AFFECTING FETUS AFFECTING MANAGEMENT OF MOTHER WITH DELIVERY
655.23	HEREDITARY DISEASE IN FAMILY POSSIBLY AFFECTING FETUS AFFECTING MANAGEMENT OF MOTHER ANTEPARTUM CONDITION OR COMPLICATION
656.40	INTRAUTERINE DEATH AFFECTING MANAGEMENT OF MOTHER UNSPECIFIED AS TO EPISODE OF CARE
656.41	INTRAUTERINE DEATH AFFECTING MANAGEMENT OF MOTHER DELIVERED
656.43	INTRAUTERINE DEATH AFFECTING MANAGEMENT OF MOTHER ANTEPARTUM
656.50	POOR FETAL GROWTH AFFECTING MANAGEMENT OF MOTHER UNSPECIFIED AS TO EPISODE OF CARE
656.51	POOR FETAL GROWTH AFFECTING MANAGEMENT OF MOTHER DELIVERED
656.53	POOR FETAL GROWTH AFFECTING MANAGEMENT OF MOTHER ANTEPARTUM CONDITION OR COMPLICATION
656.60	EXCESSIVE FETAL GROWTH AFFECTING MANAGEMENT OF MOTHER UNSPECIFIED AS TO EPISODE OF CARE
656.61	EXCESSIVE FETAL GROWTH AFFECTING MANAGEMENT OF MOTHER DELIVERED
656.63	EXCESSIVE FETAL GROWTH AFFECTING MANAGEMENT OF MOTHER ANTEPARTUM
657.00	POLYHYDRAMNIOS UNSPECIFIED AS TO EPISODE OF CARE
657.01	POLYHYDRAMNIOS WITH DELIVERY
657.03	POLYHYDRAMNIOS ANTEPARTUM COMPLICATION
658.00	OLIGOHYDRAMNIOS UNSPECIFIED AS TO EPISODE OF CARE
658.01	OLIGOHYDRAMNIOS DELIVERED
658.03	OLIGOHYDRAMNIOS ANTEPARTUM
659.50	ELDERLY PRIMIGRAVIDA UNSPECIFIED AS TO EPISODE OF CARE
659.51	ELDERLY PRIMIGRAVIDA DELIVERED
659.53	ELDERLY PRIMIGRAVIDA ANTEPARTUM
659.60	OTHER ADVANCED MATERNAL AGE UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
659.61	OTHER ADVANCED MATERNAL AGE DELIVERED WITH OR WITHOUT ANTEPARTUM CONDITION
659.63	OTHER ADVANCED MATERNAL AGE ANTEPARTUM CONDITION OR COMPLICATION
740.0	ANENCEPHALUS
740.1	CRANIORACHISCHISIS
740.2	INIENCEPHALY
742.0	ENCEPHALOCELE
742.1	MICROCEPHALUS
742.2	CONGENITAL REDUCTION DEFORMITIES OF BRAIN
742.3	CONGENITAL HYDROCEPHALUS
742.4	OTHER SPECIFIED CONGENITAL ANOMALIES OF BRAIN
742.51	DIASTEMATOMYELIA
742.53	HYDROMYELIA
742.59	OTHER SPECIFIED CONGENITAL ANOMALIES OF SPINAL CORD
742.8	OTHER SPECIFIED CONGENITAL ANOMALIES OF NERVOUS SYSTEM
743.00	CLINICAL ANOPHTHALMOS UNSPECIFIED
743.03	CYSTIC EYEBALL CONGENITAL
743.06	CRYPTOPHTHALMOS
743.10	MICROPHTHALMOS UNSPECIFIED
743.11	SIMPLE MICROPHTHALMOS
743.12	MICROPHTHALMOS ASSOCIATED WITH OTHER ANOMALIES OF EYE AND ADNEXA
743.20	BUPHTHALMOS UNSPECIFIED
743.21	SIMPLE BUPHTHALMOS
743.22	BUPHTHALMOS ASSOCIATED WITH OTHER OCULAR ANOMALIES

743.30	CONGENITAL CATARACT UNSPECIFIED
743.31	CONGENITAL CAPSULAR AND SUBCAPSULAR CATARACT
743.32	CONGENITAL CORTICAL AND ZONULAR CATARACT
743.33	CONGENITAL NUCLEAR CATARACT
743.34	CONGENITAL TOTAL AND SUBTOTAL CATARACT
743.35	CONGENITAL APHAKIA
743.36	CONGENITAL ANOMALIES OF LENS SHAPE
743.37	CONGENITAL ECTOPIC LENS
743.39	OTHER CONGENITAL CATARACT AND LENS ANOMALIES
743.41	CONGENITAL ANOMALIES OF CORNEAL SIZE AND SHAPE
743.42	CONGENITAL CORNEAL OPACITIES INTERFERING WITH VISION
743.43	OTHER CONGENITAL CORNEAL OPACITIES
743.44	SPECIFIED CONGENITAL ANOMALIES OF ANTERIOR CHAMBER CHAMBER ANGLE AND RELATED STRUCTURES
743.45	ANIRIDIA
743.46	OTHER SPECIFIED CONGENITAL ANOMALIES OF IRIS AND CILIARY BODY
743.47	SPECIFIED CONGENITAL ANOMALIES OF SCLERA
743.48	MULTIPLE AND COMBINED CONGENITAL ANOMALIES OF ANTERIOR SEGMENT
743.49	OTHER CONGENITAL ANOMALIES OF ANTERIOR SEGMENT
743.51	VITREOUS ANOMALIES CONGENITAL
743.52	FUNDUS COLOBOMA
743.53	CHORIORETINAL DEGENERATION CONGENITAL
743.54	CONGENITAL FOLDS AND CYSTS OF POSTERIOR SEGMENT
743.55	CONGENITAL MACULAR CHANGES
743.56	OTHER RETINAL CHANGES CONGENITAL
743.57	SPECIFIED CONGENITAL ANOMALIES OF OPTIC DISC
743.58	VASCULAR ANOMALIES CONGENITAL
743.59	OTHER CONGENITAL ANOMALIES OF POSTERIOR SEGMENT
743.61	CONGENITAL PTOSIS OF EYELID
743.62	CONGENITAL DEFORMITIES OF EYELIDS
743.63	OTHER SPECIFIED CONGENITAL ANOMALIES OF EYELID
743.64	SPECIFIED CONGENITAL ANOMALIES OF LACRIMAL GLAND
743.65	SPECIFIED CONGENITAL ANOMALIES OF LACRIMAL PASSAGES
743.66	SPECIFIED CONGENITAL ANOMALIES OF ORBIT
743.69	OTHER CONGENITAL ANOMALIES OF EYELIDS LACRIMAL SYSTEM AND ORBIT
743.8	OTHER SPECIFIED ANOMALIES OF EYE CONGENITAL
743.9	UNSPECIFIED ANOMALY OF EYE CONGENITAL
744.00	UNSPECIFIED CONGENITAL ANOMALY OF EAR WITH IMPAIRMENT OF HEARING
744.01	CONGENITAL ABSENCE OF EXTERNAL EAR
744.02	OTHER CONGENITAL ANOMALIES OF EXTERNAL EAR WITH IMPAIRMENT OF HEARING
744.03	CONGENITAL ANOMALY OF MIDDLE EAR EXCEPT OSSICLES
744.04	CONGENITAL ANOMALIES OF EAR OSSICLES
744.05	CONGENITAL ANOMALIES OF INNER EAR
744.09	OTHER CONGENITAL ANOMALIES OF EAR CAUSING IMPAIRMENT OF HEARING
744.1	ACCESSORY AURICLE
744.21	ABSENCE OF EAR LOBE CONGENITAL
744.22	MACROTIA
744.23	MICROTIA
744.24	SPECIFIED CONGENITAL ANOMALIES OF EUSTACHIAN TUBE
744.29	OTHER CONGENITAL ANOMALIES OF EAR

744.3	UNSPECIFIED CONGENITAL ANOMALY OF EAR
744.41	BRANCHIAL CLEFT SINUS OR FISTULA
744.42	BRANCHIAL CLEFT CYST
744.43	CERVICAL AURICLE
744.46	PREAURICULAR SINUS OR FISTULA
744.47	PREAURICULAR CYST
744.49	OTHER BRANCHIAL CLEFT CYST OR FISTULA; PREAURICULAR SINUS
744.5	WEBBING OF NECK
744.81	MACROCHEILIA
744.82	MICROCHEILIA
744.83	MACROSTOMIA
744.84	MICROSTOMIA
744.89	OTHER SPECIFIED CONGENITAL ANOMALIES OF FACE AND NECK
744.9	UNSPECIFIED CONGENITAL ANOMALIES OF FACE AND NECK
745.0	COMMON TRUNCUS
745.10	COMPLETE TRANSPOSITION OF GREAT VESSELS
745.11	DOUBLE OUTLET RIGHT VENTRICLE
745.12	CORRECTED TRANSPOSITION OF GREAT VESSELS
745.19	OTHER TRANSPOSITION OF GREAT VESSELS
745.2	TETRALOGY OF FALLOT
745.3	COMMON VENTRICLE
745.4	VENTRICULAR SEPTAL DEFECT
745.5	OSTIUM SECUNDUM TYPE ATRIAL SEPTAL DEFECT
745.60	ENDOCARDIAL CUSHION DEFECT UNSPECIFIED TYPE
745.61	OSTIUM PRIMUM DEFECT
745.69	OTHER ENDOCARDIAL CUSHION DEFECTS
745.7	COR BILOCULARE
745.8	OTHER BULBUS CORDIS ANOMALIES AND ANOMALIES OF CARDIAC SEPTAL CLOSURE
745.9	UNSPECIFIED DEFECT OF SEPTAL CLOSURE
746.00	CONGENITAL PULMONARY VALVE ANOMALY UNSPECIFIED
746.01	ATRESIA OF PULMONARY VALVE CONGENITAL
746.02	STENOSIS OF PULMONARY VALVE CONGENITAL
746.09	OTHER CONGENITAL ANOMALIES OF PULMONARY VALVE
746.1	TRICUSPID ATRESIA AND STENOSIS CONGENITAL
746.2	EBSTEIN'S ANOMALY
746.3	CONGENITAL STENOSIS OF AORTIC VALVE
746.4	CONGENITAL INSUFFICIENCY OF AORTIC VALVE
746.5	CONGENITAL MITRAL STENOSIS
746.6	CONGENITAL MITRAL INSUFFICIENCY
746.7	HYPOPLASTIC LEFT HEART SYNDROME
746.81	SUBAORTIC STENOSIS CONGENITAL
746.82	COR TRIATRIATUM
746.83	INFUNDIBULAR PULMONIC STENOSIS CONGENITAL
746.84	CONGENITAL OBSTRUCTIVE ANOMALIES OF HEART NOT ELSEWHERE CLASSIFIED
746.85	CORONARY ARTERY ANOMALY CONGENITAL
746.86	CONGENITAL HEART BLOCK
746.87	MALPOSITION OF HEART AND CARDIAC APEX
746.89	OTHER SPECIFIED CONGENITAL ANOMALIES OF HEART
746.9	UNSPECIFIED CONGENITAL ANOMALY OF HEART

747.0	PATENT DUCTUS ARTERIOSUS
747.10	COARCTATION OF AORTA (PREDUCTAL) (POSTDUCTAL)
747.11	INTERRUPTION OF AORTIC ARCH
747.20	CONGENITAL ANOMALY OF AORTA UNSPECIFIED
747.21	CONGENITAL ANOMALIES OF AORTIC ARCH
747.22	CONGENITAL ATRESIA AND STENOSIS OF AORTA
747.29	OTHER CONGENITAL ANOMALIES OF AORTA
747.31	PULMONARY ARTERY COARCTATION AND ATRESIA
747.32	PULMONARY ARTERIOVENOUS MALFORMATION
747.39	OTHER ANOMALIES OF PULMONARY ARTERY AND PULMONARY CIRCULATION
747.40	CONGENITAL ANOMALY OF GREAT VEINS UNSPECIFIED
747.41	TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION
747.42	PARTIAL ANOMALOUS PULMONARY VENOUS CONNECTION
747.49	OTHER ANOMALIES OF GREAT VEINS
747.5	ABSENCE OR HYPOPLASIA OF UMBILICAL ARTERY
747.60	ANOMALY OF THE PERIPHERAL VASCULAR SYSTEM UNSPECIFIED SITE
747.61	GASTROINTESTINAL VESSEL ANOMALY
747.62	RENAL VESSEL ANOMALY
747.63	UPPER LIMB VESSEL ANOMALY
747.64	LOWER LIMB VESSEL ANOMALY
747.69	ANOMALIES OF OTHER SPECIFIED SITES OF PERIPHERAL VASCULAR SYSTEM
747.81	CONGENITAL ANOMALIES OF CEREBROVASCULAR SYSTEM
747.82	SPINAL VESSEL ANOMALY
747.83	PERSISTENT FETAL CIRCULATION
747.89	OTHER SPECIFIED CONGENITAL ANOMALIES OF CIRCULATORY SYSTEM
747.9	UNSPECIFIED CONGENITAL ANOMALY OF CIRCULATORY SYSTEM
748.0	CHOANAL ATRESIA
748.1	OTHER CONGENITAL ANOMALIES OF NOSE
748.2	WEB OF LARYNX
748.3	OTHER CONGENITAL ANOMALIES OF LARYNX TRACHEA AND BRONCHUS
748.4	CONGENITAL CYSTIC LUNG
748.5	CONGENITAL AGENESIS HYPOPLASIA AND DYSPLASIA OF LUNG
748.60	CONGENITAL ANOMALY OF LUNG UNSPECIFIED
748.61	CONGENITAL BRONCHIECTASIS
748.69	OTHER CONGENITAL ANOMALIES OF LUNG
748.8	OTHER SPECIFIED CONGENITAL ANOMALIES OF RESPIRATORY SYSTEM
748.9	UNSPECIFIED CONGENITAL ANOMALY OF RESPIRATORY SYSTEM
749.00	CLEFT PALATE UNSPECIFIED
749.01	CLEFT PALATE UNILATERAL COMPLETE
749.02	CLEFT PALATE UNILATERAL INCOMPLETE
749.03	CLEFT PALATE BILATERAL COMPLETE
749.04	CLEFT PALATE BILATERAL INCOMPLETE
749.10	CLEFT LIP UNSPECIFIED
749.11	CLEFT LIP UNILATERAL COMPLETE
749.12	CLEFT LIP UNILATERAL INCOMPLETE
749.13	CLEFT LIP BILATERAL COMPLETE
749.14	CLEFT LIP BILATERAL INCOMPLETE
749.20	CLEFT PALATE WITH CLEFT LIP UNSPECIFIED
749.21	CLEFT PALATE WITH CLEFT LIP UNILATERAL COMPLETE
749.22	CLEFT PALATE WITH CLEFT LIP UNILATERAL INCOMPLETE

749.23	CLEFT PALATE WITH CLEFT LIP BILATERAL COMPLETE
749.24	CLEFT PALATE WITH CLEFT LIP BILATERAL INCOMPLETE
749.25	OTHER COMBINATIONS OF CLEFT PALATE WITH CLEFT LIP
750.0	TONGUE TIE
750.10	CONGENITAL ANOMALY OF TONGUE UNSPECIFIED
750.11	AGLOSSIA
750.12	CONGENITAL ADHESIONS OF TONGUE
750.13	CONGENITAL FISSURE OF TONGUE
750.15	MACROGLOSSIA
750.16	MICROGLOSSIA
750.19	OTHER CONGENITAL ANOMALIES OF TONGUE
750.21	CONGENITAL ABSENCE OF SALIVARY GLAND
750.22	ACCESSORY SALIVARY GLAND
750.23	CONGENITAL ATRESIA SALIVARY DUCT
750.24	CONGENITAL FISTULA OF SALIVARY GLAND
750.25	CONGENITAL FISTULA OF LIP
750.26	OTHER SPECIFIED CONGENITAL ANOMALIES OF MOUTH
750.27	CONGENITAL DIVERTICULUM OF PHARYNX
750.29	OTHER SPECIFIED CONGENITAL ANOMALIES OF PHARYNX
750.3	CONGENITAL TRACHEOESOPHAGEAL FISTULA ESOPHAGEAL ATRESIA AND STENOSIS
750.4	OTHER SPECIFIED CONGENITAL ANOMALIES OF ESOPHAGUS
750.5	CONGENITAL HYPERTROPHIC PYLORIC STENOSIS
750.6	CONGENITAL HIATUS HERNIA
750.7	OTHER SPECIFIED CONGENITAL ANOMALIES OF STOMACH
750.8	OTHER SPECIFIED CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT
750.9	UNSPECIFIED CONGENITAL ANOMALY OF UPPER ALIMENTARY TRACT
751.0	MECKEL'S DIVERTICULUM
751.1	CONGENITAL ATRESIA AND STENOSIS OF SMALL INTESTINE
751.2	CONGENITAL ATRESIA AND STENOSIS OF LARGE INTESTINE RECTUM AND ANAL CANAL
751.3	HIRSCHSPRUNG'S DISEASE AND OTHER CONGENITAL FUNCTIONAL DISORDERS OF COLON
751.4	CONGENITAL ANOMALIES OF INTESTINAL FIXATION
751.5	OTHER CONGENITAL ANOMALIES OF INTESTINE
751.60	UNSPECIFIED CONGENITAL ANOMALY OF GALLBLADDER BILE DUCTS AND LIVER
751.61	BILIARY ATRESIA CONGENITAL
751.62	CONGENITAL CYSTIC DISEASE OF LIVER
751.69	OTHER CONGENITAL ANOMALIES OF GALLBLADDER BILE DUCTS AND LIVER
751.7	CONGENITAL ANOMALIES OF PANCREAS
751.8	OTHER SPECIFIED CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM
751.9	UNSPECIFIED CONGENITAL ANOMALY OF DIGESTIVE SYSTEM
752.0	CONGENITAL ANOMALIES OF OVARIES
752.10	UNSPECIFIED CONGENITAL ANOMALY OF FALLOPIAN TUBES AND BROAD LIGAMENTS
752.11	EMBRYONIC CYST OF FALLOPIAN TUBES AND BROAD LIGAMENTS
752.19	OTHER CONGENITAL ANOMALIES OF FALLOPIAN TUBES AND BROAD LIGAMENTS
752.2	DOUBLING OF UTERUS
752.31	AGENESIS OF UTERUS
752.32	HYPOPLASIA OF UTERUS
752.33	UNICORNUATE UTERUS

752.34	BICORNUATE UTERUS
752.35	SEPTATE UTERUS
752.36	ARCUATE UTERUS
752.39	OTHER ANOMALIES OF UTERUS
752.40	UNSPECIFIED CONGENITAL ANOMALY OF CERVIX VAGINA AND EXTERNAL FEMALE GENITALIA
752.41	EMBRYONIC CYST OF CERVIX VAGINA AND EXTERNAL FEMALE GENITALIA
752.42	IMPERFORATE HYMEN
752.43	CERVICAL AGENESIS
752.44	VAGINAL DUPLICATION
752.45	VAGINAL AGENESIS
752.46	TRANSVERSE VAGINAL SEPTUM
752.47	LONGITUDINAL VAGINAL SEPTUM
752.49	OTHER CONGENITAL ANOMALIES OF CERVIX VAGINA AND EXTERNAL FEMALE GENITALIA
752.51	UNDESCENDED TESTIS
752.52	RETRACTILE TESTIS
752.61	HYPOSPADIAS
752.62	EPISPADIAS
752.63	CONGENITAL CHORDEE
752.64	MICROPENIS
752.65	HIDDEN PENIS
752.69	OTHER PENILE ANOMALIES
752.7	INDETERMINATE SEX AND PSEUDOHERMAPHRODITISM
752.81	SCROTAL TRANSPOSITION
752.89	OTHER SPECIFIED ANOMALIES OF GENITAL ORGANS
752.9	UNSPECIFIED CONGENITAL ANOMALY OF GENITAL ORGANS
753.0	RENAL AGENESIS AND DYSGENESIS
753.10	CYSTIC KIDNEY DISEASE UNSPECIFIED
753.11	CONGENITAL SINGLE RENAL CYST
753.12	POLYCYSTIC KIDNEY UNSPECIFIED TYPE
753.13	POLYCYSTIC KIDNEY AUTOSOMAL DOMINANT
753.14	POLYCYSTIC KIDNEY AUTOSOMAL RECESSIVE
753.15	RENAL DYSPLASIA
753.16	MEDULLARY CYSTIC KIDNEY
753.17	MEDULLARY SPONGE KIDNEY
753.19	OTHER SPECIFIED CYSTIC KIDNEY DISEASE
753.20	UNSPECIFIED OBSTRUCTIVE DEFECT OF RENAL PELVIS AND URETER
753.21	CONGENITAL OBSTRUCTION OF URETEROPELVIC JUNCTION
753.22	CONGENITAL OBSTRUCTION OF URETEROVESICAL JUNCTION
753.23	CONGENITAL URETEROCELE
753.29	OTHER OBSTRUCTIVE DEFECT OF RENAL PELVIS AND URETER
753.3	OTHER SPECIFIED ANOMALIES OF KIDNEY
753.4	OTHER SPECIFIED ANOMALIES OF URETER
753.5	EXSTROPHY OF URINARY BLADDER
753.6	CONGENITAL ATRESIA AND STENOSIS OF URETHRA AND BLADDER NECK
753.7	CONGENITAL ANOMALIES OF URACHUS
753.8	OTHER SPECIFIED CONGENITAL ANOMALIES OF BLADDER AND URETHRA
753.9	UNSPECIFIED CONGENITAL ANOMALY OF URINARY SYSTEM
754.0	CONGENITAL MUSCULOSKELETAL DEFORMITIES OF SKULL FACE AND JAW
754.1	

	CONGENITAL MUSCULOSKELETAL DEFORMITIES OF STERNOCLEIDOMASTOID MUSCLE
754.2	CONGENITAL MUSCULOSKELETAL DEFORMITIES OF SPINE
754.30	CONGENITAL DISLOCATION OF HIP UNILATERAL
754.31	CONGENITAL DISLOCATION OF HIP BILATERAL
754.32	CONGENITAL SUBLUXATION OF HIP UNILATERAL
754.33	CONGENITAL SUBLUXATION OF HIP BILATERAL
754.35	CONGENITAL DISLOCATION OF ONE HIP WITH SUBLUXATION OF OTHER HIP
754.40	GENU RECURVATUM
754.41	CONGENITAL DISLOCATION OF KNEE (WITH GENU RECURVATUM)
754.42	CONGENITAL BOWING OF FEMUR
754.43	CONGENITAL BOWING OF TIBIA AND FIBULA
754.44	CONGENITAL BOWING OF UNSPECIFIED LONG BONES OF LEG
754.50	CONGENITAL TALIPES VARUS
754.51	CONGENITAL TALIPES EQUINOVARUS
754.52	CONGENITAL METATARSUS PRIMUS VARUS
754.53	CONGENITAL METATARSUS VARUS
754.59	OTHER CONGENITAL VARUS DEFORMITIES OF FEET
754.60	CONGENITAL TALIPES VALGUS
754.61	CONGENITAL PES PLANUS
754.62	TALIPES CALCANEOVALGUS
754.69	OTHER CONGENITAL VALGUS DEFORMITIES OF FEET
754.70	TALIPES UNSPECIFIED
754.71	TALIPES CAVUS
754.79	OTHER CONGENITAL DEFORMITIES OF FEET
754.81	PECTUS EXCAVATUM
754.82	PECTUS CARINATUM
754.89	OTHER SPECIFIED NONTERATOGENIC ANOMALIES
755.00	POLYDACTYLY UNSPECIFIED DIGITS
755.01	POLYDACTYLY OF FINGERS
755.02	POLYDACTYLY OF TOES
755.10	SYNDACTYLY OF MULTIPLE AND UNSPECIFIED SITES
755.11	SYNDACTYLY OF FINGERS WITHOUT FUSION OF BONE
755.12	SYNDACTYLY OF FINGERS WITH FUSION OF BONE
755.13	SYNDACTYLY OF TOES WITHOUT FUSION OF BONE
755.14	SYNDACTYLY OF TOES WITH FUSION OF BONE
755.20	UNSPECIFIED REDUCTION DEFORMITY OF UPPER LIMB CONGENITAL
755.21	TRANSVERSE DEFICIENCY OF UPPER LIMB
755.22	LONGITUDINAL DEFICIENCY OF UPPER LIMB NOT ELSEWHERE CLASSIFIED
755.23	LONGITUDINAL DEFICIENCY COMBINED INVOLVING HUMERUS RADIUS AND ULNA (COMPLETE OR INCOMPLETE)
755.24	LONGITUDINAL DEFICIENCY HUMERAL COMPLETE OR PARTIAL (WITH OR WITHOUT DISTAL DEFICIENCIES INCOMPLETE)
755.25	LONGITUDINAL DEFICIENCY RADIOULNAR COMPLETE OR PARTIAL (WITH OR WITHOUT DISTAL DEFICIENCIES INCOMPLETE)
755.26	LONGITUDINAL DEFICIENCY RADIAL COMPLETE OR PARTIAL (WITH OR WITHOUT DISTAL DEFICIENCIES INCOMPLETE)
755.27	LONGITUDINAL DEFICIENCY ULNAR COMPLETE OR PARTIAL (WITH OR WITHOUT DISTAL DEFICIENCIES INCOMPLETE)
755.28	LONGITUDINAL DEFICIENCY CARPALS OR METACARPALS COMPLETE OR PARTIAL (WITH OR WITHOUT INCOMPLETE PHALANGEAL DEFICIENCY)
755.29	LONGITUDINAL DEFICIENCY PHALANGES COMPLETE OR PARTIAL

755.30	UNSPECIFIED REDUCTION DEFORMITY OF LOWER LIMB CONGENITAL
755.31	TRANSVERSE DEFICIENCY OF LOWER LIMB
755.32	LONGITUDINAL DEFICIENCY OF LOWER LIMB NOT ELSEWHERE CLASSIFIED
755.33	LONGITUDINAL DEFICIENCY COMBINED INVOLVING FEMUR TIBIA AND FIBULA (COMPLETE OR INCOMPLETE)
755.34	LONGITUDINAL DEFICIENCY FEMORAL COMPLETE OR PARTIAL (WITH OR WITHOUT DISTAL DEFICIENCIES INCOMPLETE)
755.35	LONGITUDINAL DEFICIENCY TIBIOFIBULAR COMPLETE OR PARTIAL (WITH OR WITHOUT DISTAL DEFICIENCIES INCOMPLETE)
755.36	LONGITUDINAL DEFICIENCY TIBIA COMPLETE OR PARTIAL (WITH OR WITHOUT DISTAL DEFICIENCIES INCOMPLETE)
755.37	LONGITUDINAL DEFICIENCY FIBULAR COMPLETE OR PARTIAL (WITH OR WITHOUT DISTAL DEFICIENCIES INCOMPLETE)
755.38	LONGITUDINAL DEFICIENCY TARSALS OR METATARSALS COMPLETE OR PARTIAL (WITH OR WITHOUT INCOMPLETE PHALANGEAL DEFICIENCY)
755.39	LONGITUDINAL DEFICIENCY PHALANGES COMPLETE OR PARTIAL
755.4	CONGENITAL REDUCTION DEFORMITIES UNSPECIFIED LIMB
755.50	UNSPECIFIED ANOMALY OF UPPER LIMB CONGENITAL
755.51	CONGENITAL DEFORMITY OF CLAVICLE
755.52	CONGENITAL ELEVATION OF SCAPULA
755.53	RADIOULNAR SYNOSTOSIS
755.54	MADELUNG'S DEFORMITY
755.55	ACROCEPHALOSYNDACTYLY
755.56	ACCESSORY CARPAL BONES
755.57	MACRODACTYLIA (FINGERS)
755.58	CLEFT HAND CONGENITAL
755.59	OTHER CONGENITAL ANOMALIES OF UPPER LIMB INCLUDING SHOULDER GIRDLE
755.60	UNSPECIFIED CONGENITAL ANOMALY OF LOWER LIMB
755.61	COXA VALGA CONGENITAL
755.62	COXA VARA CONGENITAL
755.63	OTHER CONGENITAL DEFORMITY OF HIP (JOINT)
755.64	CONGENITAL DEFORMITY OF KNEE (JOINT)
755.65	MACRODACTYLIA OF TOES
755.66	OTHER CONGENITAL ANOMALIES OF TOES
755.67	CONGENITAL ANOMALIES OF FOOT NOT ELSEWHERE CLASSIFIED
755.69	OTHER CONGENITAL ANOMALIES OF LOWER LIMB INCLUDING PELVIC GIRDLE
755.8	OTHER SPECIFIED CONGENITAL ANOMALIES OF UNSPECIFIED LIMB
755.9	UNSPECIFIED CONGENITAL ANOMALY OF UNSPECIFIED LIMB
756.0	CONGENITAL ANOMALIES OF SKULL AND FACE BONES
756.10	CONGENITAL ANOMALY OF SPINE UNSPECIFIED
756.11	CONGENITAL SPONDYLOLYSIS LUMBOSACRAL REGION
756.12	SPONDYLOLISTHESIS CONGENITAL
756.13	ABSENCE OF VERTEBRA CONGENITAL
756.14	HEMIVERTEBRA
756.15	FUSION OF SPINE (VERTEBRA) CONGENITAL
756.16	KLIPPEL-FEIL SYNDROME
756.17	SPINA BIFIDA OCCULTA
756.19	OTHER CONGENITAL ANOMALIES OF SPINE
756.2	CERVICAL RIB
756.3	OTHER CONGENITAL ANOMALIES OF RIBS AND STERNUM
756.4	CHONDRODYSTROPHY

756.50	CONGENITAL OSTEODYSTROPHY UNSPECIFIED
756.51	OSTEOGENESIS IMPERFECTA
756.52	OSTEOPETROSIS
756.53	OSTEOPOIKILOSIS
756.54	POLYOSTOTIC FIBROUS DYSPLASIA OF BONE
756.55	CHONDROECTODERMAL DYSPLASIA
756.56	MULTIPLE EPIPHYSEAL DYSPLASIA
756.59	OTHER CONGENITAL OSTEODYSTROPHIES
756.6	CONGENITAL ANOMALIES OF DIAPHRAGM
756.70	ANOMALY OF ABDOMINAL WALL UNSPECIFIED
756.71	PRUNE BELLY SYNDROME
756.72	OMPHALOCELE
756.73	GASTROSCHISIS
756.81	CONGENITAL ABSENCE OF MUSCLE AND TENDON
756.82	ACCESSORY MUSCLE
756.83	EHLERS-DANLOS SYNDROME
756.89	OTHER SPECIFIED CONGENITAL ANOMALIES OF MUSCLE TENDON FASCIA AND CONNECTIVE TISSUE
757.0	HEREDITARY EDEMA OF LEGS
757.1	ICHTHYOSIS CONGENITA
757.2	DERMATOGLYPHIC ANOMALIES
757.31	CONGENITAL ECTODERMAL DYSPLASIA
757.32	VASCULAR HAMARTOMAS
757.33	CONGENITAL PIGMENTARY ANOMALIES OF SKIN
757.39	OTHER SPECIFIED CONGENITAL ANOMALIES OF SKIN
758.0	DOWN'S SYNDROME
758.1	PATAU'S SYNDROME
758.2	EDWARDS' SYNDROME
758.31	CRI-DU-CHAT SYNDROME
758.32	VELO-CARDIO-FACIAL SYNDROME
758.33	OTHER MICRODELETIONS
758.39	OTHER AUTOSOMAL DELETIONS
758.4	BALANCED AUTOSOMAL TRANSLOCATION IN NORMAL INDIVIDUAL
758.5	OTHER CONDITIONS DUE TO AUTOSOMAL ANOMALIES
758.6	GONADAL DYSGENESIS
758.7	KLINEFELTER'S SYNDROME
758.81	OTHER CONDITIONS DUE TO SEX CHROMOSOME ANOMALIES
758.89	OTHER CONDITIONS DUE TO CHROMOSOME ANOMALIES
758.9	CONDITIONS DUE TO ANOMALY OF UNSPECIFIED CHROMOSOME
759.83	FRAGILE X SYNDROME
783.22	UNDERWEIGHT
783.40	UNSPECIFIED LACK OF NORMAL PHYSIOLOGICAL DEVELOPMENT
783.41	FAILURE TO THRIVE
783.42	DELAYED MILESTONES
783.43	SHORT STATURE
796.5	ABNORMAL FINDING ON ANTENATAL SCREENING
796.6	NONSPECIFIC ABNORMAL FINDINGS ON NEONATAL SCREENING
V13.61	PERSONAL HISTORY OF (CORRECTED) HYPOSPADIAS
V13.62	PERSONAL HISTORY OF OTHER (CORRECTED) CONGENITAL MALFORMATIONS OF GENITOURINARY SYSTEM
V13.63	

	PERSONAL HISTORY OF (CORRECTED) CONGENITAL MALFORMATIONS OF NERVOUS SYSTEM
V13.64	PERSONAL HISTORY OF (CORRECTED) CONGENITAL MALFORMATIONS OF EYE, EAR, FACE AND NECK
V13.65	PERSONAL HISTORY OF (CORRECTED) CONGENITAL MALFORMATIONS OF HEART AND CIRCULATORY SYSTEM
V13.66	PERSONAL HISTORY OF (CORRECTED) CONGENITAL MALFORMATIONS OF RESPIRATORY SYSTEM
V13.67	PERSONAL HISTORY OF (CORRECTED) CONGENITAL MALFORMATIONS OF DIGESTIVE SYSTEM
V13.68	PERSONAL HISTORY OF (CORRECTED) CONGENITAL MALFORMATIONS OF INTEGUMENT, LIMBS, AND MUSCULOSKELETAL SYSTEMS
V13.69	PERSONAL HISTORY OF OTHER (CORRECTED) CONGENITAL MALFORMATIONS
V18.4	FAMILY HISTORY OF INTELLECTUAL DISABILITIES
V19.5	FAMILY HISTORY OF CONGENITAL ANOMALIES
V49.89*	OTHER SPECIFIED CONDITIONS INFLUENCING HEALTH STATUS

**171.9 Medical record must contain documentation of either: alveolar soft part sarcoma, alveolar rhabdomyosarcoma, clear cell sarcoma, desmoplastic small sound cell tumor, Ewing sarcoma, myxoid liposarcoma, low grade fibromyxoid sarcoma, extra skeletal myxoid chondrosarcoma, inflammatory myofibroblastic tumor or synovial sarcoma in order to use these diagnosis codes

*288.01 Limited to infantile genetic agranulocytosis only

*V49.89 To be used only when repeat testing is believed to be medically reasonable and necessary

Diagnoses that Support Medical Necessity

All ICD-9-CM codes listed in this policy under ICD-9-CM Codes that Support Medical Necessity above.

ICD-9 Codes that DO NOT Support Medical Necessity

All ICD-9-CM codes **not** listed in this policy under ICD-9-CM Codes that Support Medical Necessity above.

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

Diagnoses that DO NOT Support Medical Necessity

All ICD-9-CM codes **not** listed in this policy under ICD-9-CM Codes that Support Medical Necessity above.

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General Information

Documentations Requirements

Medical record documentation maintained by the ordering/referring physician must indicate the medical necessity for performing the test. Additionally, a copy of the results should be maintained in the medical records. For billing for testing which is limited to "once per lifetime" under the terms of this LCD, see #4 in attached Coding Guidelines. Documentation that these tests meet standards of medical reasonableness and necessity must be maintained in the patient's medical record and must be made available to Medicare upon request.

If the provider of the service is other than the ordering/referring physician, that provider must maintain hard copy or electronic documentation of the test results and interpretation, along with copies of the ordering/referring physician's order for the studies. The ordering physician must state the clinical indication/medical necessity for the study in their order for the test.

Copies of the medical records must be made available upon Medicare request.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1) of the Social Security Act.

When requesting an *individual consideration* through the written redetermination (formerly appeal) process, providers must include all relevant medical records and literature that supports the request. At a minimum two (2) Phase II studies (human feasibility studies suggesting efficacy, pilots) or one (1) Phase III study (primary evidence of safety and efficacy, pivotal) must be submitted for the Medical Director's review.

Appendices

Utilization Guidelines CPT codes will be limited to once per lifetime. When clinically-relevant technological advances (such as with FISH testing), are available, and repeat testing is believed to be medically reasonable and necessary, such claims must be billed using the instructions included in #4 of attached Coding Guidelines.

Sources of Information and Basis for Decision

- Eugene Braunwald, et al, eds, **Harrisons Principle of Internal Medicine**, (16th ed). New York: McGraw-Hill, 2005
- Jacobs, D., Demott, W., Grady, H., Horvat, R., Huestis, D., and Kasten, B. (2002). **Laboratory Test Handbook**. Hudson: Lexi-Comp, Inc.
- CPT Assistant, Volume 9, Issue 10, October 1999, pgs. 2, 3.
- DeVita VT, et al, eds, **Cancer Principles and Practice of Oncology**, 5th ed, Philadelphia, Lippincott-Raven, 1997
- Medical consultants
- NAS Carrier Advisory Committee members **Advisory Committee Meeting Notes** Notice of this DRAFT medical policy was made available to providers and the public in the following states:

Arizona, Montana, North Dakota, South Dakota, Utah and Wyoming.

This policy does not reflect the sole opinion of the contractor or the Contractor Medical Director(s). Although the final decision rests with the contractor, this policy was developed in cooperation with the Carrier Advisory Committee(s), which include representatives of various medical specialty societies.

The Section titled "Does the 'CPT 30% Rule' apply?" needs clarification. This rule comes from the AMA (American Medical Association), the organization that holds the copyrights for all CPT codes. The rule states that if, in a given section (e.g., **surgery**) or subsection (e.g., surgery, **integumentary**) of the CPT Manual, more than 30% of the codes are listed in the LCD, then the short descriptors must be used rather than the long descriptors found in the CPT Manual.

This policy is subject to the reasonable and necessary guidelines and the limitation of liability provision.

This medical policy consolidates and replaces all previous policies and publications on this subject by NAS and its predecessors for Medicare Part B.

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period

Revision History Number R11

Revision History Explanation J3 CB2006.24

The LCD for Cytogenetic Studies was in place in four of the J3 states. The policy was reviewed and updated.

09/03/2007 - This policy was updated by the ICD-9 2007-2008 Annual Update.

J3 CB2006.24 R1

2008 ICD-9-CM Updates – diagnosis code 284.8 requires a 5th digit, therefore, diagnosis code 284.89 has been added to the policy, effective 10/1/2007.

J3 CB2006.24 R2

CPT coding changes under Indications and Limitations of Coverage and/or Medical Necessity were made regarding in situ hybridization (FISH) testing to be consistent with NCCI manual language.

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

J3 CB2006.24 R3

Based on the 2008-2009 Annual Updates, the following diagnosis codes were added with an effective date of October 01, 2008: 203.02, 203.12, 203.82, 204.02, 204.12, 204.22, 204.82, 205.02, 205.12, 205.22, 205.32, 205.82, 206.02, 206.82, 207.22, 207.82, 208.02, 238.77

J3 CB2006.24 R4

ICD-9-CM code 284.81 was added effective 06/01/2009.

J3 CB2006.24 R5

ICD-9-CM 2009-2010 Annual Updates - the following diagnosis codes 756.72 and 756.73 were added with an effective date of 10/01/2009.

Removed 756.79 because this code has been replaced in the LCD with the two new diagnoses codes (756.72 and 756.73) that specifically describe the diseases that were previously described by this non-specific code. The effective date of this code removal is 10/01/2009.

J3 CB2006.24 R6

ICD-9-CM codes 204.10, 238.72, 238.73 and 238.79 were added to the LCD with an effective date of 04/01/2010.

J3 CB2006.24 R7

ICD-9-CM code 238.75 was added to the LCD with an effective date of 08/15/2010.

09/06/2010 - This policy was updated by the ICD-9 2010-2011 Annual Update.

J3 CB2006.24 R8

Based on the ICD-9 CM 2010 Annual Update, the following codes were added to the policy with an effective date of October 01, 2010: 752.31, 752.32, 752.33, 752.34, 752.35, 752.36, 752.39, 752.43, 752.44, 752.45, 752.46, 752.47, V13.62, V13.63, V13.64, V13.65, V13.66, V13.67 and V13.68.

11/21/2010 - 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:

- 88230 descriptor was changed in Group 1
- 88233 descriptor was changed in Group 1
- 88235 descriptor was changed in Group 1
- 88237 descriptor was changed in Group 1
- 88239 descriptor was changed in Group 1
- 88245 descriptor was changed in Group 1
- 88248 descriptor was changed in Group 1
- 88249 descriptor was changed in Group 1
- 88261 descriptor was changed in Group 1
- 88262 descriptor was changed in Group 1
- 88263 descriptor was changed in Group 1

88264 descriptor was changed in Group 1
88267 descriptor was changed in Group 1
88269 descriptor was changed in Group 1
88271 descriptor was changed in Group 1
88272 descriptor was changed in Group 1
88273 descriptor was changed in Group 1
88274 descriptor was changed in Group 1
88275 descriptor was changed in Group 1
88285 descriptor was changed in Group 1
88289 descriptor was changed in Group 1

J3 CB2006.24 R9

This LCD was updated with CPT/HCPCS 2011 changes. Effective for dates of service on/after 01/01/2011: CPT codes 88120 and 88121 were added to the LCD. ICD-9-CM codes 238.6, 238.71, 273.1 and 288.61 were added to the listing of payable diagnoses.

J3 CB2006.24 R10

The following ICD-9-CM codes were added effective for dates of service on or after 01/01/2011: 188.0 – 188.8.

Effective 06/15/2011 , the following language was added to the Documentation Requirements section of the LCD: When requesting an individual consideration through the written redetermination (formerly appeal) process, providers must include all relevant medical records and literature that supports the request. At a minimum two (2) Phase II studies (human feasibility studies suggesting efficacy, pilots) or one (1) Phase III study (primary evidence of safety and efficacy, pivotal) must be submitted for the Medical Director's review.

J3 CB2006.24 R11

ICD-9-CM codes 284.1, 631 and 747.3 are truncated and replaced with 284.19, 631.0, 747.31, 747.32, 747.39 effective 10/01/2011.

Reason for Change ICD9 Addition/Deletion

Related Documents

This LCD has no Related Documents.

LCD Attachments

[Coding Guidelines - J3 CB2006.24 R1 \(PDF - 9 KB \)](#)

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All Versions

Updated on 09/06/2011 with effective dates 10/01/2011 - N/A
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[Updated on 09/21/2010 with effective dates 10/01/2010 - N/A](#)
[Updated on 06/21/2010 with effective dates 08/15/2010 - 09/30/2010](#)
[Updated on 02/10/2010 with effective dates 04/01/2010 - 08/14/2010](#)
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