Local Coverage Determination (LCD):
Urinalysis Policy (L33034)

Contractor Information
Contractor Name
Noridian Administrative Services, LLC opens in new window
Contract Number
03402
Contract Type
MAC - Part B

LCD Information
Document Information

LCD ID
L33034

LCD Title
Urinalysis Policy

Jurisdiction opens in new window
South Dakota

Original Effective Date
For services performed on or after 05/13/2013

Revision Effective Date
For services performed on or after 05/13/2013

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
03/28/2013

Notice Period End Date
05/12/2013

CMS National Coverage Policy
Title XVIII of the Social Security Act, 1862(a)(7). This section excludes routine physical examinations.

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

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Note: Providers should seek information related to National Coverage Determinations (NCD) and other Centers for Medicare & Medicaid Services (CMS) instructions in CMS Manuals. This LCD only pertains to the contractor’s discretionary coverage related to this service.

Urinalysis is a commonly used physical, chemical and/or microscopic examination of the urine used to detect renal or urinary tract disease or systemic disorders manifested by or through the urinary system.

In order for Medicare coverage to be provided for urinalysis, the patient must have signs or symptoms of a kidney/urinary tract disorder or a condition, which is known to affect the kidney/urinary tract.

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The following is a list of conditions in which urinalysis may be considered medically reasonable and necessary:

- The patient has symptoms suggestive of possible kidney/urinary tract disorder, e.g., dysuria, frequency, hesitancy, nocturia, urgency, flank pain, pelvic pain, abdominal pain, etc.

- The patient exhibits signs of kidney/urinary tract disorder such as hematuria, discoloration of urine, edema and malodorous urine.

- The patient has been recently treated or is under treatment for urinary tract disorder and follow-up urinalysis is necessary to evaluate the patient.

- The patient has a condition known to affect the kidneys or urinary tract, e.g., hypertension, diabetes mellitus, known renal disease, collagen vascular disease and a urinalysis is necessary to evaluate the patient.

- The patient is undergoing treatment with medication known to potentially adversely affect the kidneys, e.g., gold therapy.

- The patient has sustained trauma suggestive of possible kidney/urinary tract injury.

- The patient has unexplained fever.

- The patient is pregnant and urinalysis is being done as part of standard prenatal care.

- The patient is pregnant and urinalysis is being done to screen for pre-eclampsia.

Urinalysis can be covered as part of the evaluation of a dehydrated patient.

**Coding Information**

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

- 012x Hospital Inpatient (Medicare Part B only)
- 013x Hospital Outpatient
- 014x Hospital - Laboratory Services Provided to Non-patients
- 022x Skilled Nursing - Inpatient (Medicare Part B only)
- 023x Skilled Nursing - Outpatient
- 085x Critical Access Hospital

**Revenue Codes:**

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

- 030X Laboratory - General Classification
- 031X Laboratory Pathology - General Classification

**CPT/HCPCS Codes**

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Group 1 Paragraph: N/A

Group 1 Codes:
81000 Urinalysis nonauto w/Scope
81001 Urinalysis auto w/Scope
81002 Urinalysis nonauto w/o Scope
81003 Urinalysis auto w/o Scope
81005 Urinalysis
81007 Urine screen for bacteria
81015 Microscopic exam of urine
81020 Urinalysis glass test

ICD-9 Codes that Support Medical Necessity

Group 1 Paragraph: N/A

Group 1 Codes:
016.00 TUBERCULOSIS OF KIDNEY UNSPECIFIED EXAMINATION
016.01 TUBERCULOSIS OF KIDNEY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE
016.02 TUBERCULOSIS OF KIDNEY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT)
016.03 TUBERCULOSIS OF KIDNEY TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY
016.04 TUBERCULOSIS OF KIDNEY TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE
016.05 TUBERCULOSIS OF KIDNEY TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY
016.06 TUBERCULOSIS OF KIDNEY TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
016.10 TUBERCULOSIS OF BLADDER UNSPECIFIED EXAMINATION
016.11 TUBERCULOSIS OF BLADDER BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE
016.12 TUBERCULOSIS OF BLADDER BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT)
016.13 TUBERCULOSIS OF BLADDER TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY
016.14 TUBERCULOSIS OF BLADDER TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE
016.15 TUBERCULOSIS OF BLADDER TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY
016.16 TUBERCULOSIS OF BLADDER TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
016.20 TUBERCULOSIS OF URETER UNSPECIFIED EXAMINATION
016.21 TUBERCULOSIS OF URETER BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE
016.22 TUBERCULOSIS OF URETER BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT)
016.23 TUBERCULOSIS OF URETER TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY
016.24 TUBERCULOSIS OF URETER TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE
016.25 TUBERCULOSIS OF URETER TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY
016.26 TUBERCULOSIS OF URETER TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
016.30 TUBERCULOSIS OF OTHER URINARY ORGANS UNSPECIFIED EXAMINATION
016.31 TUBERCULOSIS OF OTHER URINARY ORGANS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE
016.32 TUBERCULOSIS OF OTHER URINARY ORGANS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT)
016.33 TUBERCULOSIS OF OTHER URINARY ORGANS TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY
016.34 TUBERCULOSIS OF OTHER URINARY ORGANS TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE
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TUBERCULOSIS OF OTHER URINARY ORGANS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY
TUBERCULOSIS OF OTHER URINARY ORGANS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)

016.36 TUBERCULOSIS OF EPIDIDYMIS UNSPECIFIED EXAMINATION
016.40 TUBERCULOSIS OF EPIDIDYMIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE
016.42 TUBERCULOSIS OF EPIDIDYMIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT)
016.43 TUBERCULOSIS OF EPIDIDYMIS TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY
016.44 TUBERCULOSIS OF EPIDIDYMIS TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE
016.45 TUBERCULOSIS OF EPIDIDYMIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY
TUBERCULOSIS OF EPIDIDYMIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)

016.46 HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)

016.50 TUBERCULOSIS OF OTHER MALE GENITAL ORGANS UNSPECIFIED EXAMINATION
016.51 TUBERCULOSIS OF OTHER MALE GENITAL ORGANS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE
016.52 TUBERCULOSIS OF OTHER MALE GENITAL ORGANS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT)
016.53 TUBERCULOSIS OF OTHER MALE GENITAL ORGANS TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY
016.54 TUBERCULOSIS OF OTHER MALE GENITAL ORGANS TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE
016.55 TUBERCULOSIS OF OTHER MALE GENITAL ORGANS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY
TUBERCULOSIS OF OTHER MALE GENITAL ORGANS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)

016.60 TUBERCULOUS OOPHORITIS AND SALPINGITIS UNSPECIFIED EXAMINATION
016.61 TUBERCULOUS OOPHORITIS AND SALPINGITIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE
016.62 TUBERCULOUS OOPHORITIS AND SALPINGITIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT)
016.63 TUBERCULOUS OOPHORITIS AND SALPINGITIS TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY
016.64 TUBERCULOUS OOPHORITIS AND SALPINGITIS TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE
016.65 TUBERCULOUS OOPHORITIS AND SALPINGITIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY
TUBERCULOUS OOPHORITIS AND SALPINGITIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)

016.70 TUBERCULOSIS OF OTHER FEMALE GENITAL ORGANS UNSPECIFIED EXAMINATION
016.71 TUBERCULOSIS OF OTHER FEMALE GENITAL ORGANS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE
016.72 TUBERCULOSIS OF OTHER FEMALE GENITAL ORGANS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT)
016.73 TUBERCULOSIS OF OTHER FEMALE GENITAL ORGANS TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY
016.74 TUBERCULOSIS OF OTHER FEMALE GENITAL ORGANS TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE
016.75 TUBERCULOSIS OF OTHER FEMALE GENITAL ORGANS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY
TUBERCULOSIS OF OTHER FEMALE GENITAL ORGANS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)

016.90 UNSPECIFIED GENITOURINARY TUBERCULOSIS UNSPECIFIED EXAMINATION
016.91 UNSPECIFIED GENITOURINARY TUBERCULOSIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE
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UNSPECIFIED GENITOURINARY TUBERCULOSIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT)

016.93 UNSPECIFIED GENITOURINARY TUBERCULOSIS TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY

016.94 UNSPECIFIED GENITOURINARY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE

016.95 UNSPECIFIED GENITOURINARY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY

016.96 UNSPECIFIED GENITOURINARY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)

038.0 STREPTOCOCCAL SEPTICEMIA

038.10 STAPHYLOCOCCAL SEPTICEMIA UNSPECIFIED

038.11 METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS SEPTICEMIA

038.12 METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS SEPTICEMIA

038.19 OTHER STAPHYLOCOCCAL SEPTICEMIA

038.2 PNEUMOCOCCAL SEPTICEMIA

038.3 SEPTICEMIA DUE TO ANAEROBES

038.40 SEPTICEMIA DUE TO GRAM-NEGATIVE ORGANISM UNSPECIFIED

038.41 SEPTICEMIA DUE TO HEMOPHILUS INFLUENZAE (H. INFLUENZAE)

038.42 SEPTICEMIA DUE TO ESCHERICHIA COLI (E. COLI)

038.43 SEPTICEMIA DUE TO PSEUDOMONAS

038.44 SEPTICEMIA DUE TO SERRATIA

038.49 OTHER SEPTICEMIA DUE TO GRAM-NEGATIVE ORGANISMS

038.8 OTHER SPECIFIED SEPTICEMIAS

038.9 UNSPECIFIED SEPTICEMIA

041.00 STREPTOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE STREPTOCOCCUS UNSPECIFIED

041.01 STREPTOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE STREPTOCOCCUS GROUP A

041.02 STREPTOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE STREPTOCOCCUS GROUP B

041.03 STREPTOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE STREPTOCOCCUS GROUP C

041.04 STREPTOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE STREPTOCOCCUS GROUP D [ENTEROCOCCUS]

041.05 STREPTOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE STREPTOCOCCUS GROUP G

041.09 STREPTOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE OTHER STREPTOCOCCUS

041.10 STAPHYLOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE STAPHYLOCOCCUS UNSPECIFIED

041.11 METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE

041.12 METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE

041.19 STAPHYLOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE OTHER STAPHYLOCOCCUS

041.2 PNEUMOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE

041.3 KLEBSIELLA PNEUMONIAE

041.41 SHIGA TOXIN-PRODUCING ESCHERICHIA COLI [E. COLI] (STEC) O157

041.42 OTHER SPECIFIED SHIGA TOXIN-PRODUCING ESCHERICHIA COLI [E. COLI] (STEC)

041.43 SHIGA TOXIN-PRODUCING ESCHERICHIA COLI [E. COLI] (STEC), UNSPECIFIED

041.49 OTHER AND UNSPECIFIED ESCHERICHIA COLI [E. COLI]

041.5 HEMOPHILUS INFLUENZAE (H. INFLUENZAE) INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE

041.6 PROTEUS (MIRABILIS) (MORGANII) INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE

041.7 PSEUDOMONAS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE

041.8 OTHER SPECIFIED BACTERIAL INFECTIONS IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE MYCOPLASMA

041.82
OTHER SPECIFIED BACTERIAL INFECTIONS IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE BACTEROIDES FRAGILIS
041.83
OTHER SPECIFIED BACTERIAL INFECTIONS IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE CLOSTRIDIUM PERFRINGENS
041.84
OTHER SPECIFIED BACTERIAL INFECTIONS IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE OTHER ANAEROBES
041.85
OTHER SPECIFIED BACTERIAL INFECTIONS IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE OTHER GRAM-NEGATIVE ORGANISMS
041.86
HELCOBACTER PYLORI [H. PYLORI]
041.89
OTHER SPECIFIED BACTERIAL INFECTIONS IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE OTHER SPECIFIED BACTERIA
041.9
BACTERIAL INFECTION UNSPECIFIED IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE
054.10
GENITAL HERPES UNSPECIFIED
054.11
HERPETIC VULVOVAGINITIS
054.12
HERPETIC ULCERATION OF VULVA
054.13
HERPETIC INFECTION OF PENIS
054.19
OTHER GENITAL HERPES
070.0
VIRAL HEPATITIS A WITH HEPATIC COMA
070.1
VIRAL HEPATITIS A WITHOUT HEPATIC COMA
070.20
VIRAL HEPATITIS B WITH HEPATIC COMA ACUTE OR UNSPECIFIED WITHOUT HEPATITIS DELTA
070.21
VIRAL HEPATITIS B WITH HEPATIC COMA ACUTE OR UNSPECIFIED WITH HEPATITIS DELTA
070.22
CHRONIC VIRAL HEPATITIS B WITH HEPATIC COMA WITHOUT HEPATITIS DELTA
070.23
CHRONIC VIRAL HEPATITIS B WITH HEPATIC COMA WITH HEPATITIS DELTA
070.30
VIRAL HEPATITIS B WITHOUT HEPATIC COMA ACUTE OR UNSPECIFIED WITHOUT HEPATITIS DELTA
070.31
VIRAL HEPATITIS B WITHOUT HEPATIC COMA ACUTE OR UNSPECIFIED WITH HEPATITIS DELTA
070.32
CHRONIC VIRAL HEPATITIS B WITHOUT HEPATIC COMA WITHOUT HEPATITIS DELTA
070.33
CHRONIC VIRAL HEPATITIS B WITHOUT HEPATIC COMA WITH HEPATITIS DELTA
070.41
ACUTE HEPATITIS C WITH HEPATIC COMA
070.42
HEPATITIS DELTA WITHOUT ACTIVE HEPATITIS B DISEASE WITH HEPATIC COMA HEPATITIS DELTA WITH HEPATIC B CARRIER STATE
070.43
HEPATITIS E WITH HEPATIC COMA
070.44
CHRONIC HEPATITIS C WITH HEPATIC COMA
070.49
OTHER SPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA
070.51
ACUTE HEPATITIS C WITHOUT MENTION OF HEPATIC COMA
070.52
HEPATITIS DELTA WITHOUT ACTIVE HEPATITIS B DISEASE OR HEPATIC COMA
070.53
HEPATITIS E WITHOUT HEPATIC COMA
070.54
CHRONIC HEPATITIS C WITHOUT HEPATIC COMA
070.59
OTHER SPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
070.70
UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
070.71
UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
072.0
MUMPS ORCHITIS
078.11
CONDYLOMA ACUMINATUM
078.88
OTHER SPECIFIED DISEASES DUE TO CHLAMYDIAE
079.81
HANTAVIRIS INFECTION
079.82
SARS-ASSOCIATED CORONAVIRUS INFECTION
079.88
OTHER SPECIFIED CHLAMYDIAL INFECTION
079.89
OTHER SPECIFIED VIRAL INFECTION
079.98
UNSPECIFIED CHLAMYDIAL INFECTION
087.0
RELAPSING FEVER LOUSE-BORNE
087.1
RELAPSING FEVER TICK-BORNE
095.4
SYPHILIS OF KIDNEY
098.0
GONOCOCCAL INFECTION (ACUTE) OF LOWER GENITOURINARY TRACT
098.10
GONOCOCCAL INFECTION (ACUTE) OF UPPER GENITOURINARY TRACT SITE UNSPECIFIED
098.11
GONOCOCCAL CYSTITIS (ACUTE)
098.12
GONOCOCCAL PROSTATITIS (ACUTE)
098.13
GONOCOCCAL EPIDIDYMO-ORCHITIS (ACUTE)
098.14
GONOCOCCAL SEMINAL VESICULITIS (ACUTE)
098.15
GONOCOCCAL CERVICITIS (ACUTE)
098.16
GONOCOCCAL ENDOMETRITIS (ACUTE)
189.0 MALIGNANT NEOPLASM OF KIDNEY EXCEPT PELVIS
189.1 MALIGNANT NEOPLASM OF RENAL PELVIS
189.2 MALIGNANT NEOPLASM OF URETER
189.3 MALIGNANT NEOPLASM OF URETHRA
189.4 MALIGNANT NEOPLASM OF PARAURETHRAL GLANDS
189.8 MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF URINARY ORGANS
189.9 MALIGNANT NEOPLASM OF URINARY ORGAN SITE UNSPECIFIED
198.0 SECONDARY MALIGNANT NEOPLASM OF KIDNEY
198.1 SECONDARY MALIGNANT NEOPLASM OF OTHER URINARY ORGANS
203.00 MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
203.01 MULTIPLE MYELOMA IN REMISSION
203.02 MULTIPLE MYELOMA, IN RELAPSE
222.2 BENIGN NEOPLASM OF PROSTATE
223.0 BENIGN NEOPLASM OF KIDNEY EXCEPT PELVIS
223.1 BENIGN NEOPLASM OF RENAL PELVIS
223.2 BENIGN NEOPLASM OF URETER
223.3 BENIGN NEOPLASM OF BLADDER
223.81 BENIGN NEOPLASM OF URETHRA
223.89 BENIGN NEOPLASM OF OTHER SPECIFIED SITES OF URINARY ORGANS
233.4 CARCINOMA IN SITU OF PROSTATE
233.7 CARCINOMA IN SITU OF BLADDER
233.9 CARCINOMA IN SITU OF OTHER AND UNSPECIFIED URINARY ORGANS
236.5 NEOPLASM OF UNCERTAIN BEHAVIOR OF PROSTATE
236.7 NEOPLASM OF UNCERTAIN BEHAVIOR OF BLADDER
236.90 NEOPLASM OF UNCERTAIN BEHAVIOR OF URINARY ORGAN UNSPECIFIED
236.91 NEOPLASM OF UNCERTAIN BEHAVIOR OF KIDNEY AND URETER
236.99 NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED URINARY ORGANS
249.00 SECONDARY DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.01 SECONDARY DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, UNCONTROLLED
249.10 SECONDARY DIABETES MELLITUS WITH KETOACIDOSIS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.11 SECONDARY DIABETES MELLITUS WITH KETOACIDOSIS, UNCONTROLLED
249.20 SECONDARY DIABETES MELLITUS WITH HYPEROSMOLARITY, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.21 SECONDARY DIABETES MELLITUS WITH HYPEROSMOLARITY, UNCONTROLLED
249.30 SECONDARY DIABETES MELLITUS WITH OTHER COMA, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.31 SECONDARY DIABETES MELLITUS WITH OTHER COMA, UNCONTROLLED
249.40 SECONDARY DIABETES MELLITUS WITH RENAL MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.41 SECONDARY DIABETES MELLITUS WITH RENAL MANIFESTATIONS, UNCONTROLLED
249.50 SECONDARY DIABETES MELLITUS WITH OPHTHALMIC MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.51 SECONDARY DIABETES MELLITUS WITH OPHTHALMIC MANIFESTATIONS, UNCONTROLLED
249.60 SECONDARY DIABETES MELLITUS WITH NEUROLOGICAL MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.61 SECONDARY DIABETES MELLITUS WITH NEUROLOGICAL MANIFESTATIONS, UNCONTROLLED
249.70 SECONDARY DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY DISORDERS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.71 SECONDARY DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY DISORDERS, UNCONTROLLED
249.80 SECONDARY DIABETES MELLITUS WITH OTHER SPECIFIED MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.81 SECONDARY DIABETES MELLITUS WITH OTHER SPECIFIED MANIFESTATIONS, UNCONTROLLED
249.90 SECONDARY DIABETES MELLITUS WITH UNSPECIFIED COMPLICATION, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.91 SECONDARY DIABETES MELLITUS WITH UNSPECIFIED COMPLICATION, UNCONTROLLED
250.00 DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.01 DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>250.02</td>
<td>DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED</td>
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<td>OTHER DISORDERS OF NEUROHYPOPHYSIS</td>
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<td>RENAL GLYCOSEURIA</td>
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<td>MIXED HYPERLIPIDEMIA</td>
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<td>HYPERCHYLOMICRONEMIA</td>
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<td>272.4</td>
<td>OTHER AND UNSPECIFIED HYPERLIPIDEMIA</td>
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<td>MONOCLONAL PARAPROTEINEMIA</td>
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<td>OTHER PARAPROTEINEMIAS</td>
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<td>273.3</td>
<td>MACROGLOBULINEMIA</td>
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BENIGN HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
UNSPECIFIED HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE
UNSPECIFIED HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
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 I THROUGH STAGE IV, OR UNSPECIFIED
HYPERTENSIVE CHRONIC KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
HYPERTENSIVE CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
HYPERTENSIVE CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
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 I THROUGH STAGE IV, OR UNSPECIFIED
HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITHOUT 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 WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITHOUT 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 WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
MALIGNANT RENOVASCULAR HYPERTENSION
OTHER MALIGNANT SECONDARY HYPERTENSION
BENIGN RENOVASCULAR HYPERTENSION
OTHER BENIGN SECONDARY HYPERTENSION
UNSPECIFIED RENOVASCULAR HYPERTENSION
OTHER UNSPECIFIED SECONDARY HYPERTENSION
ACUTE AND SUBACUTE BACTERIAL ENDOCARDITIS
ACUTE AND SUBACUTE INFECTIVE ENDOCARDITIS IN DISEASES CLASSIFIED ELSEWHERE
ACUTE ENDOCARDITIS UNSPECIFIED
CONGESTIVE HEART FAILURE UNSPECIFIED
POLYARTERITIS NODOSA
ACUTE FEBRILE MUCOCUTANEOUS LYMPH NODE SYNDROME (MCLS)
HYPERSENSITIVITY ANGIITIS UNSPECIFIED
GOODPASTURE'S SYNDROME
OTHER SPECIFIED HYPERSENSITIVITY ANGIITIS
LETHAL MIDLINE GRANULOMA
WEGENER'S GRANULOMATOSIS
GIANT CELL ARTERITIS
THROMBOTIC MICROANGIOPATHY
TAKAYASU'S DISEASE
HYPERPLASIA OF RENAL ARTERY
CELIAC ARTERY COMPRESSION SYNDROME
NECROSIS OF ARTERY
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447.6        ARTERITIS UNSPECIFIED
456.4        SCROTAL VARICES
457.0        POSTMASTECTOMY LYMPHEDEMA SYNDROME
457.1        OTHER LYMPHEDEMA
570        ACUTE AND SUBACUTE NECROSIS OF LIVER
571.40        CHRONIC HEPATITIS UNSPECIFIED
571.41        CHRONIC PERSISTENT HEPATITIS
571.42        AUTOIMMUNE HEPATITIS
571.49        OTHER CHRONIC HEPATITIS
571.5        CIRRHOSIS OF LIVER WITHOUT ALCOHOL
571.6        BILIARY CIRRHOSIS
571.8        OTHER CHRONIC NONALCOHOLIC LIVER DISEASE
572.2        HEPATIC ENCEPHALOPATHY
573.0        CHRONIC PASSIVE CONGESTION OF LIVER
573.1        HEPATITIS IN VIRAL DISEASES CLASSIFIED ELSEWHERE
573.2        HEPATITIS IN OTHER INFECTIOUS DISEASES CLASSIFIED ELSEWHERE
573.3        HEPATITIS UNSPECIFIED
580.0        ACUTE GLOMERULONEPHRITIS WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS
580.4        ACUTE GLOMERULONEPHRITIS WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS
580.41        ACUTE GLOMERULONEPHRITIS IN DISEASES CLASSIFIED ELSEWHERE
580.89        ACUTE GLOMERULONEPHRITIS WITH OTHER SPECIFIED PATHOLOGICAL LESION IN KIDNEY
580.9        ACUTE GLOMERULONEPHRITIS WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY
581.0        NEPHROTIC SYNDROME WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS
581.1        NEPHROTIC SYNDROME WITH LESION OF MEMBRANOUS GLOMERULONEPHRITIS
581.2        NEPHROTIC SYNDROME WITH LESION OF MEMBRANOPROLIFERATIVE GLOMERULONEPHRITIS
581.3        NEPHROTIC SYNDROME WITH LESION OF MINIMAL CHANGE GLOMERULONEPHRITIS
581.81        NEPHROTIC SYNDROME IN DISEASES CLASSIFIED ELSEWHERE
581.89        OTHER NEPHROTIC SYNDROME WITH SPECIFIED PATHOLOGICAL LESION IN KIDNEY
581.9        NEPHROTIC SYNDROME WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY
582.0        CHRONIC GLOMERULONEPHRITIS WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS
582.1        CHRONIC GLOMERULONEPHRITIS WITH LESION OF MEMBRANOUS GLOMERULONEPHRITIS
582.2        CHRONIC GLOMERULONEPHRITIS WITH LESION OF MEMBRANOPROLIFERATIVE GLOMERULONEPHRITIS
582.4        CHRONIC GLOMERULONEPHRITIS WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS
582.81        CHRONIC GLOMERULONEPHRITIS IN DISEASES CLASSIFIED ELSEWHERE
582.89        OTHER CHRONIC GLOMERULONEPHRITIS WITH SPECIFIED PATHOLOGICAL LESION IN KIDNEY
582.9        CHRONIC GLOMERULONEPHRITIS WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY
583.0        NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS
583.1        NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH LESION OF MEMBRANOUS GLOMERULONEPHRITIS
583.2        NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH LESION OF MEMBRANOPROLIFERATIVE GLOMERULONEPHRITIS
583.4        NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS
583.6        NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH LESION OF RENAL CORTICAL NECROSIS
583.7        NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH LESION OF RENAL MEDULLARY NECROSIS
583.81        NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC IN DISEASES CLASSIFIED ELSEWHERE
583.89        OTHER NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH SPECIFIED PATHOLOGICAL LESION IN KIDNEY
583.9        NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY
584.5        ACUTE KIDNEY FAILURE WITH LESION OF TUBULAR NECROSIS
584.6        ACUTE KIDNEY FAILURE WITH LESION OF RENAL CORTICAL NECROSIS
584.7        ACUTE KIDNEY FAILURE WITH LESION OF RENAL MEDULLARY [PAPILLARY] NECROSIS
584.8        ACUTE KIDNEY FAILURE WITH OTHER SPECIFIED PATHOLOGICAL LESION IN KIDNEY
584.9        ACUTE KIDNEY FAILURE, UNSPECIFIED
585.1        CHRONIC KIDNEY DISEASE, STAGE I
585.2  CHRONIC KIDNEY DISEASE, STAGE II (MILD)
585.3  CHRONIC KIDNEY DISEASE, STAGE III (MODERATE)
585.4  CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
585.5  CHRONIC KIDNEY DISEASE, STAGE V
585.6  END STAGE RENAL DISEASE
585.9  CHRONIC KIDNEY DISEASE, UNSPECIFIED
586  RENAL FAILURE UNSPECIFIED
587  RENAL SCLEROSIS UNSPECIFIED
588.0  RENAL OSTEOODYSTROPHY
588.1  NEPHROGENIC DIABETES INSIPIDUS
588.81  SECONDARY HYPERPARATHYROIDISM (OF RENAL ORIGIN)
588.89  OTHER SPECIFIED DISORDERS RESULTING FROM IMPAIRED RENAL FUNCTION
589.0  UNILATERAL SMALL KIDNEY
589.1  BILATERAL SMALL KIDNEYS
589.9  SMALL KIDNEY UNSPECIFIED
590.00  CHRONIC PYELONEPHRITIS WITHOUT LESION OF RENAL MEDULLARY NECROSIS
590.01  CHRONIC PYELONEPHRITIS WITH LESION OF RENAL MEDULLARY NECROSIS
590.10  ACUTE PYELONEPHRITIS WITHOUT LESION OF RENAL MEDULLARY NECROSIS
590.11  ACUTE PYELONEPHRITIS WITH LESION OF RENAL MEDULLARY NECROSIS
590.2  RENAL AND PERINEPHRIC ABSCESS
590.3  PYEOURETERITIS CYSTICA
590.80  PYELONEPHRITIS UNSPECIFIED
590.81  PYELITIS OR PYELONEPHRITIS IN DISEASES CLASSIFIED ELSEWHERE
590.9  INFECTION OF KIDNEY UNSPECIFIED
591  HYDRONEPHROSIS
592.0  CALCULUS OF KIDNEY
592.1  CALCULUS OF URETER
592.9  URINARY CALCULUS UNSPECIFIED
593.0  NEPHROPTOSIS
593.1  HYPERTROPHY OF KIDNEY
593.2  CYST OF KIDNEY ACQUIRED
593.3  STRICTURE OR KINKING OF URETER
593.4  OTHER URETERIC OBSTRUCTION
593.5  HYDROURETER
593.6  POSTURAL PROTEINURIA
593.70  VESICOURETERAL REFLUX UNSPECIFIED OR WITHOUT REFLUX NEPHROPATHY
593.71  VESICOURETERAL REFLUX WITH REFLUX NEPHROPATHY UNILATERAL
593.72  VESICOURETERAL REFLUX WITH REFLUX NEPHROPATHY BILATERAL
593.73  OTHER VESICOURETERAL REFLUX WITH REFLUX NEPHROPATHY NOS
593.81  VASCULAR DISORDERS OF KIDNEY
593.82  URETERAL FISTULA
593.89  OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER
593.9  UNSPECIFIED DISORDER OF KIDNEY AND URETER
594.0  CALCULUS IN DIVERTICULUM OF BLADDER
594.1  OTHER CALCULUS IN BLADDER
594.2  CALCULUS IN URETHRA
594.8  OTHER LOWER URINARY TRACT CALCULUS
594.9  CALCULUS OF LOWER URINARY TRACT UNSPECIFIED
595.0  ACUTE CYSTITIS
595.1  CHRONIC INTERSTITIAL CYSTITIS
595.2  OTHER CHRONIC CYSTITIS
595.3  TRIGONITIS
595.4  CYSTITIS IN DISEASES CLASSIFIED ELSEWHERE
595.81  CYSTITIS CYSTICA
595.82  IRRADIATION CYSTITIS
595.89  OTHER SPECIFIED TYPES OF CYSTITIS
595.9  CYSTITIS UNSPECIFIED
596.0  BLADDER NECK OBSTRUCTION
596.1  INTESTINOVESICAL FISTULA

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DYSPLASIA OF PROSTATE

OTHER SPECIFIED DISORDERS OF PROSTATE

UNSPECIFIED DISORDER OF PROSTATE

ENCYSTED HYDROCELE

INFECTED HYDROCELE

OTHER SPECIFIED TYPES OF HYDROCELE

HYDROCELE UNSPECIFIED

ORCHITIS EPIDIDYMIS AND EPIDIDYMO-ORCHITIS WITH ABSCESSES

ORCHITIS AND EPIDIDYMUS UNSPECIFIED

ORCHITIS AND EPIDIDYMUS IN DISEASES CLASSIFIED ELSEWHERE

REDUNDANT PREPUCE AND PHIMOSIS

OLIGOSPERMIA

MALE INFERTILITY UNSPECIFIED

BALANOPOSTHITIS

BALANITIS XEROATICA OBLITERANS

IMPOTENCE OF ORGANIC ORIGIN

OTHER SPECIFIED DISORDERS OF PENIS

SEMINAL VESICULITIS

SPERMATOCELE

TORSION OF APPENDIX TESTIS

TORSION OF APPENDIX EPIDIDYMIS

VASCULAR DISORDERS OF MALE GENITAL ORGANS

OTHER SPECIFIED DISORDERS OF MALE GENITAL ORGANS

REDUNDANT PREPUCE AND PHIMOSIS

UNSPECIFIED PROLAPSE OF VAGINAL WALLS

CYSTOCELE, MIDLINE

CYSTOCELE, LATERAL

URETHROCELE

RECTOCELE

PERINEOCELE

OTHER PROLAPSE OF VAGINAL WALLS WITHOUT MENTION OF UTERINE PROLAPSE

URINARY-GENITAL TRACT FISTULA FEMALE

DIGESTIVE-GENITAL TRACT FISTULA FEMALE

GENITAL TRACT-SKIN FISTULA FEMALE

OTHER SPECIFIED FISTULAS INVOLVING FEMALE GENITAL TRACT

OTHER PROLAPSE OF VAGINAL WALLS WITHOUT MENTION OF UTERINE PROLAPSE

SPONTANEOUS ABORTION UNSPECIFIED COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION

SPONTANEOUS ABORTION INCOMPLETE COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION

SPONTANEOUS ABORTION COMPLETE COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION

SPONTANEOUS ABORTION UNSPECIFIED COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE

SPONTANEOUS ABORTION INCOMPLETE COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE

SPONTANEOUS ABORTION COMPLETE COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE

SPONTANEOUS ABORTION UNSPECIFIED COMPLICATED BY DAMAGE TO PELVIC ORGANS OR TISSUES

SPONTANEOUS ABORTION INCOMPLETE COMPLICATED BY DAMAGE TO PELVIC ORGANS OR TISSUES

SPONTANEOUS ABORTION COMPLETE COMPLICATED BY DAMAGE TO PELVIC ORGANS OR TISSUES

SPONTANEOUS ABORTION UNSPECIFIED COMPLICATED BY RENAL FAILURE

SPONTANEOUS ABORTION INCOMPLETE COMPLICATED BY RENAL FAILURE

SPONTANEOUS ABORTION COMPLETE COMPLICATED BY RENAL FAILURE

EXPOSURE OF IMPLANTED VAGINAL MESH AND OTHER PROSTHETIC MATERIALS INTO VAGINA

SPONTANEOUS ABORTION UNSPECIFIED COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION

SPONTANEOUS ABORTION INCOMPLETE COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION

SPONTANEOUS ABORTION COMPLETE COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION

SPONTANEOUS ABORTION UNSPECIFIED COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE

SPONTANEOUS ABORTION INCOMPLETE COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE

SPONTANEOUS ABORTION COMPLETE COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE

SPONTANEOUS ABORTION UNSPECIFIED COMPLICATED BY DAMAGE TO PELVIC ORGANS OR TISSUES

SPONTANEOUS ABORTION INCOMPLETE COMPLICATED BY DAMAGE TO PELVIC ORGANS OR TISSUES

SPONTANEOUS ABORTION COMPLETE COMPLICATED BY DAMAGE TO PELVIC ORGANS OR TISSUES

SPONTANEOUS ABORTION UNSPECIFIED COMPLICATED BY RENAL FAILURE

SPONTANEOUS ABORTION INCOMPLETE COMPLICATED BY RENAL FAILURE

SPONTANEOUS ABORTION COMPLETE COMPLICATED BY RENAL FAILURE
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<td>LEGALLY INDUCED ABORTION UNSPECIFIED COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE</td>
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<td>LEGALLY INDUCED ABORTION INCOMPLETE COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE</td>
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943.59 DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SITES OF UPPER LIMB EXCEPT WRIST AND HAND WITH LOSS OF UPPER LIMB
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946.3 FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF MULTIPLE SPECIFIED SITES
946.4 DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SPECIFIED SITES WITHOUT LOSS OF A BODY PART

946.5 DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SPECIFIED SITES WITH LOSS OF A BODY PART

947.1 BURN OF LARYNX TRACHEA AND LUNG

947.2 BURN OF ESOPHAGUS

947.3 BURN OF GASTROINTESTINAL TRACT

947.4 BURN OF VAGINA AND UTERUS

947.8 BURN OF OTHER SPECIFIED SITES OF INTERNAL ORGANS

948.21 BURN (ANY DEGREE) INVOLVING 20-29 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19%

948.22 BURN (ANY DEGREE) INVOLVING 20-29 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29%

948.30 BURN (ANY DEGREE) INVOLVING 30-39 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT

948.31 BURN (ANY DEGREE) INVOLVING 30-39 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19%

948.32 BURN (ANY DEGREE) INVOLVING 30-39 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29%

948.33 BURN (ANY DEGREE) INVOLVING 30-39 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 30-39%

948.40 BURN (ANY DEGREE) INVOLVING 40-49 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT

948.41 BURN (ANY DEGREE) INVOLVING 40-49 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19%

948.42 BURN (ANY DEGREE) INVOLVING 40-49 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29%

948.43 BURN (ANY DEGREE) INVOLVING 40-49 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 30-39%

948.44 BURN (ANY DEGREE) INVOLVING 40-49 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 40-49%

948.50 BURN (ANY DEGREE) INVOLVING 50-59 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT

948.51 BURN (ANY DEGREE) INVOLVING 50-59 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19%

948.52 BURN (ANY DEGREE) INVOLVING 50-59 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29%

948.53 BURN (ANY DEGREE) INVOLVING 50-59 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 30-39%

948.54 BURN (ANY DEGREE) INVOLVING 50-59 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 40-49%

948.55 BURN (ANY DEGREE) INVOLVING 50-59 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 50-59%

948.60 BURN (ANY DEGREE) INVOLVING 60-69 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT

948.61 BURN (ANY DEGREE) INVOLVING 60-69 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19%

948.62 BURN (ANY DEGREE) INVOLVING 60-69 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29%

948.63 BURN (ANY DEGREE) INVOLVING 60-69 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 30-39%

948.64 BURN (ANY DEGREE) INVOLVING 60-69 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 40-49%

948.65 BURN (ANY DEGREE) INVOLVING 60-69 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 50-59%

948.66 BURN (ANY DEGREE) INVOLVING 60-69 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 60-69%

948.70 BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT

948.71 BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19%

948.72 BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29%
BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 30-39%
BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 40-49%
BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 50-59%
BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 60-69%
BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 70-79%
BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT
BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19%
BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29%
BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 30-39%
BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 40-49%
BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 50-59%
BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 60-69%
BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 70-79%
BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 80-89%
BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT
BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19%
BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29%
BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 30-39%
BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 40-49%
BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 50-59%
BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 60-69%
BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 70-79%
BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 80-89%
BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 90% OR MORE OF BODY SURFACE
FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) UNSPECIFIED SITE
DEEP NECROSIS OF UNDERLYING TISSUE DUE TO BURN (DEEP THIRD DEGREE) UNSPECIFIED SITE WITHOUT LOSS OF A BODY PART
DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE UNSPECIFIED SITE WITH LOSS OF A BODY PART
TRAUMATIC ANURIA
OTHER INJURY OF CHEST WALL
OTHER INJURY OF ABDOMEN
FRACTURE OF CORPUS CAVERNOSUM PENIS
OTHER INJURY OF EXTERNAL GENITALS
OTHER AND UNSPECIFIED INJURY OF OTHER SITES OF TRUNK
POISONING BY HEAVY METAL ANTI-INFECTIVES
POISONING BY ANTINEOPLASTIC AND IMMUNOSUPPRESSIVE DRUGS
POISONING BY ALKALIZING AGENTS

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965.1 POISONING BY SALICYLATES
992.0 HEAT STROKE AND SUNSTROKE
992.1 HEAT SYNCOPE
992.2 HEAT CRAMPS
992.3 HEAT EXHAUSTION ANHYDROTIC
992.4 HEAT EXHAUSTION DUE TO SALT DEPLETION
992.5 HEAT EXHAUSTION UNSPECIFIED
992.6 HEAT FATIGUE TRANSIENT
992.7 HEAT EDEMA
992.8 OTHER SPECIFIED HEAT EFFECTS
995.20 UNSPECIFIED ADVERSE EFFECT OF UNSPECIFIED DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE
995.21 ARTHUS PHENOMENON
995.22 UNSPECIFIED ADVERSE EFFECT OF ANESTHESIA
995.23 UNSPECIFIED ADVERSE EFFECT OF INSULIN
995.27 OTHER DRUG ALLERGY
995.29 UNSPECIFIED ADVERSE EFFECT OF OTHER DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE
995.53 CHILD SEXUAL ABUSE
995.54 CHILD PHYSICAL ABUSE
995.59 OTHER CHILD ABUSE AND NEGLECT
996.30 MECHANICAL COMPLICATION OF UNSPECIFIED GENITOURINARY DEVICE IMPLANT AND GRAFT
996.31 MECHANICAL COMPLICATION DUE TO URETHRAL (INDWELLING) CATHETER
996.32 MECHANICAL COMPLICATION DUE TO INTRAUTERINE CONTRACEPTIVE DEVICE
996.39 OTHER MECHANICAL COMPLICATION OF GENITOURINARY DEVICE IMPLANT AND GRAFT
996.62 INFECTION AND INFLAMMATORY REACTION DUE TO OTHER VASCULAR DEVICE IMPLANT AND GRAFT
996.64 INFECTION AND INFLAMMATORY REACTION DUE TO INDWELLING URINARY CATHETER
996.65 INFECTION AND INFLAMMATORY REACTION DUE TO OTHER GENITOURINARY DEVICE IMPLANT AND GRAFT
996.76 OTHER COMPLICATIONS DUE TO GENITOURINARY DEVICE IMPLANT AND GRAFT
996.81 COMPLICATIONS OF TRANSPLANTED KIDNEY
997.5 URINARY COMPLICATIONS NOT ELSEWHERE CLASSIFIED
998.00 POSTOPERATIVE SHOCK, UNSPECIFIED
998.01 POSTOPERATIVE SHOCK, CARDIOGENIC
998.02 POSTOPERATIVE SHOCK, SEPTIC
998.09 POSTOPERATIVE SHOCK, OTHER
998.2 ACCIDENTAL PUNCTURE OR LACERATION DURING A PROCEDURE NOT ELSEWHERE CLASSIFIED
999.32 BLOODSTREAM INFECTION DUE TO CENTRAL VENOUS CATHETER
999.33 LOCAL INFECTION DUE TO CENTRAL VENOUS CATHETER
999.34 ACUTE INFECTION FOLLOWING TRANSFUSION, INFUSION, OR INJECTION OF BLOOD AND BLOOD PRODUCTS
999.60 ABO INCOMPATIBILITY REACTION, UNSPECIFIED
999.61 ABO INCOMPATIBILITY WITH HEMOLYTIC TRANSFUSION REACTION NOT SPECIFIED AS ACUTE OR DELAYED
999.62 ABO INCOMPATIBILITY WITH ACUTE HEMOLYTIC TRANSFUSION REACTION
999.63 ABO INCOMPATIBILITY WITH DELAYED HEMOLYTIC TRANSFUSION REACTION
999.69 OTHER ABO INCOMPATIBILITY REACTION
999.70 RH INCOMPATIBILITY REACTION, UNSPECIFIED
999.71 RH INCOMPATIBILITY WITH HEMOLYTIC TRANSFUSION REACTION NOT SPECIFIED AS ACUTE OR DELAYED
999.72 RH INCOMPATIBILITY WITH ACUTE HEMOLYTIC TRANSFUSION REACTION
999.73 RH INCOMPATIBILITY WITH DELAYED HEMOLYTIC TRANSFUSION REACTION
999.74 OTHER RH INCOMPATIBILITY REACTION
999.75 NON-ABO INCOMPATIBILITY REACTION, UNSPECIFIED
999.76 NON-ABO INCOMPATIBILITY WITH HEMOLYTIC TRANSFUSION REACTION NOT SPECIFIED AS ACUTE OR DELAYED
999.77 NON-ABO INCOMPATIBILITY WITH ACUTE HEMOLYTIC TRANSFUSION REACTION
999.78 NON-ABO INCOMPATIBILITY WITH DELAYED HEMOLYTIC TRANSFUSION REACTION
999.79 OTHER NON-ABO INCOMPATIBILITY REACTION
999.80 TRANSFUSION REACTION, UNSPECIFIED
999.81 EXTRAVASATION OF VESICANT CHEMOTHERAPY
999.82 EXTRAVASATION OF OTHER VESICANT AGENT
ICD-9 Codes that DO NOT Support Medical Necessity
N/A

General Information
Associated Information This LCD is an active NAS Part A LCD which is being implemented into draft for NAS Part B.

This medical policy was presented at the Medicare Part B Open Public Meeting held on December 4, 2012. It was also discussed at the following Carrier Advisory Committee meetings on the following dates:
Alaska 01/17/2013
Arizona 12/18/2012
Idaho 01/30/2013
Montana 01/17/2013
North Dakota 01/08/2013
Oregon 12/15/2012
South Dakota 01/10/2013
Utah 01/03/2013
Washington 12/18/2012
Wyoming 01/03/2013

This policy does not reflect the sole opinion of the contractor or contractor medical director. Although the final decision rests with the contractor, this policy was developed in cooperation with representatives from various medical specialties.

Documentation supporting the medical reasonableness and necessity of this test, such as ICD-9-CM code(s), must be submitted with each claim. Claims submitted without such evidence will be denied as not being reasonable and necessary. Medical records must be made available to Medicare on request.

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.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits in addition to guidance in this LCD. 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. Whichever guidance is more restrictive should be adhered to.

The "30% Coding 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. In this LCD, it does not apply, due to the fact that codes utilized in this policy do not exceed 30% of any CPT section or subsection.
This medical policy consolidates and replaces all previous policies and publications on this subject by Noridian Administrative Services (NAS) and its predecessors for Medicare.

**NAS received no comments for comment period ending 03/18/2013 related to this Part B Draft LCD.**

Sources of Information and Basis for Decision
- Carrier Medical Directors
- Medical Consultants

Other carriers' policies

**Revision History Information**

Please note: The Revision History information included in this LCD prior to 1/24/2013 will now display with a Revision History Number of "R1" at the bottom of this table. All new Revision History information entries completed on or after 1/24/2013 will display as a row in the Revision History section of the LCD and numbering will begin with "R2".

<table>
<thead>
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<th>Revision History Date</th>
<th>Revision History Number</th>
<th>Revision History Explanation</th>
<th>Reason(s) for Change</th>
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<td>05/13/2013</td>
<td>R1</td>
<td>03/22/2013 - No revisions were made. Revision date added to accommodate MCD table formatting.</td>
<td>Other</td>
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**Associated Documents**

Attachments
- N/A

Related Local Coverage Documents
- N/A

Related National Coverage Documents
- N/A

All Versions
- Updated on 03/22/2013 with effective dates 05/13/2013 - N/A

**Keywords**

- Urinalysis Policy

Read the [LCD Disclaimer](#) opens in new window