

Centers for Medicare & Medicaid Services

Print Message: If you are experiencing issues printing this page, then please click 'Return to Previous Page' and select the 'Need a PDF?' button. You can now print the page from the new popup window.

Back to Local Coverage Determinations (LCDs) for Palmetto GBA (01192, MAC - Part B)

Local Coverage Determination (LCD) for Diagnostic Colonoscopy (L28253)

▣ Contractor Information

Contractor Name Palmetto GBA	Contractor Number 01192	Contractor Type MAC - Part B
--	-----------------------------------	--

▣ LCD Information

Document Information

LCD ID Number
L28253

LCD Title
Diagnostic Colonoscopy

Contractor's Determination Number
J1B-08-0025-L

AMA CPT/ADA CDT Copyright Statement
CPT only copyright 2002-2012 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright © American Dental Association. All rights reserved. CDT and CDT-2010 are trademarks of the American

Primary Geographic Jurisdiction
California - Southern

Oversight Region
Region X

Original Determination Effective Date
For services performed on or after 09/02/2008

Original Determination Ending Date

Revision Effective Date
For services performed on or after 03/22/2012

Revision Ending Date

Dental Association.

CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A) states that no Medicare payment shall be made for items or services that “are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.”

Title XVIII of the Social Security Act, §1862(a)(7) and 42 Code of Federal Regulations, §411.15 et seq. exclude routine physical examinations.

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

Title XVIII of the Social Security Act, §1862(a)(1)(H) and Balanced Budget Act ‘97’, Chapter V, Subtitle B, §4104 provides coverage for colorectal cancer screening tests.

CMS Manual System, Publication 100-04, *Medicare Claims Processing Manual*, Chapter 12, §30.1B, addresses incomplete colonoscopies.

Indications and Limitations of Coverage and/or Medical Necessity

Colonoscopy is a visual examination of the lining of the large intestine using a rigid or flexible video or fiberoptic endoscope. The procedure includes inspection of the entire colon, from the rectum to the cecum, and may include the examination of the terminal ileum. A colonoscopy, by definition, must examine the colon proximal to the splenic flexure. The colonoscope is inserted via the anus or stoma, and then advanced under direct vision or video image. A rigid sigmoidoscope may be used for an intraoperative transcolotomy approach.

A colonoscopy requires the use of an instrument that has the potential to examine the entire colon, and must potentially reach the entire colon (i.e. the cecum).

Do not report a colonoscopy procedure code for an endoscopy performed with a sigmoidoscope on a patient with a normal length colon, even if the sigmoidoscope reaches proximal to the splenic flexure. A sigmoidoscope (an endoscope typically 65 centimeters in length) may be used for a colonoscopy only if the bowel is sufficiently short so that the entire colon may be examined.

A diagnostic colonoscopy is indicated for the following:

- Evaluation of an abnormality discovered by a barium enema that is likely to be clinically significant, such as a filling defect or a stricture,
- Evaluation of unexplained gastrointestinal bleeding:
 - Hematochezia that is not from the rectum or a perianal source,
 - Melena of unknown origin, or

- Presence of fecal occult blood

- Unexplained iron deficiency anemia,
- Surveillance of colonic neoplasia:
 - Evaluation of the entire colon for a synchronous cancer or polyps in a patient with treatable cancer or polyps,
- Surveillance of selected patients with Crohn's colitis, or chronic ulcerative colitis. Suitable candidates are those with:
 - Pancolitis of greater than seven years duration, or
 - Left-sided colitis of over 15 years duration,
- Chronic inflammatory bowel disease of the colon when a more precise determination of the extent of disease will influence management,
- Clinically significant diarrhea of unexplained origin,
- Intraoperative identification of the site of a lesion that cannot be detected by palpation or gross inspection at surgery,
- Evaluation of acute colonic ischemia/ischemic bowel disease,
- Evaluation of patients with streptococcus bovis endocarditis,
- Treatment of bleeding from such lesions as vascular anomalies, ulceration, and neoplasia,
- Removal of foreign body,
- Excision of colonic polyps,
- Decompression of pseudo-obstruction of the colon (Ogilvie's Syndrome),
- Treatment of sigmoid volvulus,
- Suspected disease of terminal ileum, or
- Chronic abdominal pain unresponsive to medical therapy.

Diagnostic colonoscopy is **not covered** for evaluation of the following:

- Chronic, stable irritable bowel syndrome,
- Acute limited diarrhea,

- Hemorrhoids,
- Metastatic adenocarcinoma of unknown primary site in the absence of colonic symptoms, and when a definitive site of origin will not influence management,
- Routine follow-up of inflammatory bowel disease (except as indicated above in this section),
- Routine examination of the colon in patients about to undergo elective abdominal surgery for noncolonic disease,
- Upper GI bleeding or melena with a demonstrated upper GI source,
- Bright red rectal bleeding in patients with a convincing anorectal source via direct examination, anoscopy, or sigmoidoscopy **and** no other symptoms suggestive of a more proximal bleeding source,
- Patients with a family history of colon cancer without a personal history of symptoms.

Colonoscopy is **contraindicated** if the patient has:

- Fulminant colitis,
- Acute severe diverticulitis, or
- Suspected perforated viscus.

The requirements for coverage have not been met if:

- Only a sigmoidoscopy is supplied.
- An office based colonoscopy is not validated with the appropriate equipment information.
- Chronic abdominal pain unresponsive to medical therapy is used to justify the service, but lacks appropriate documentation.

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.

999x	Not Applicable
------	----------------

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
-------	----------------

CPT/HCPCS Codes

44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
44389	COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE
44390	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF FOREIGN BODY
44391	COLONOSCOPY THROUGH STOMA; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAUTERY, LASER, HEATER PROBE, STAPLER, PLASMA COAGULATOR)
44392	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP (S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
44393	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP (S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP (S), OR OTHER LESION(S) BY SNARE TECHNIQUE
45355	COLONOSCOPY, RIGID OR FLEXIBLE, TRANSABDOMINAL VIA COLOTOMY, SINGLE OR MULTIPLE
45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WITH OR WITHOUT COLON DECOMPRESSION (SEPARATE PROCEDURE)
45379	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF FOREIGN BODY
45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR MULTIPLE

45382	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAUTERY, LASER, HEATER PROBE, STAPLER, PLASMA COAGULATOR)
45383	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE
45391	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION
45392	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATION/BIOPSY(S)

ICD-9 Codes that Support Medical Necessity

006.9	AMEBIASIS UNSPECIFIED
008.04	INTESTINAL INFECTION DUE TO ENTEROHEMORRHAGIC E. COLI
008.43	INTESTINAL INFECTION DUE TO CAMPYLOBACTER
008.45	INTESTINAL INFECTION DUE TO CLOSTRIDIUM DIFFICILE
009.0 - 009.3	INFECTIOUS COLITIS ENTERITIS AND GASTROENTERITIS - DIARRHEA OF PRESUMED INFECTIOUS ORIGIN
014.00 - 014.06	TUBERCULOUS PERITONITIS UNSPECIFIED EXAMINATION - TUBERCULOUS PERITONITIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
014.80 - 014.86	OTHER TUBERCULOSIS OF INTESTINES AND MESENTERIC GLANDS UNSPECIFIED EXAMINATION - OTHER TUBERCULOSIS OF INTESTINES AND MESENTERIC GLANDS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
038.11	METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS SEPTICEMIA

038.12	METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS SEPTICEMIA
038.49	OTHER SEPTICEMIA DUE TO GRAM-NEGATIVE ORGANISMS
038.8	OTHER SPECIFIED SEPTICEMIAS
038.9	UNSPECIFIED SEPTICEMIA
153.0 - 153.9	MALIGNANT NEOPLASM OF HEPATIC FLEXURE - MALIGNANT NEOPLASM OF COLON UNSPECIFIED SITE
154.0 - 154.3	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION - MALIGNANT NEOPLASM OF ANUS UNSPECIFIED SITE
154.8	MALIGNANT NEOPLASM OF OTHER SITES OF RECTUM RECTOSIGMOID JUNCTION AND ANUS
158.8	MALIGNANT NEOPLASM OF SPECIFIED PARTS OF PERITONEUM
195.3	MALIGNANT NEOPLASM OF PELVIS
196.2	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES
197.5 - 197.7	SECONDARY MALIGNANT NEOPLASM OF LARGE INTESTINE AND RECTUM - MALIGNANT NEOPLASM OF LIVER SECONDARY
199.0	DISSEMINATED MALIGNANT NEOPLASM
199.2	MALIGNANT NEOPLASM ASSOCIATED WITH TRANSPLANT ORGAN
211.3	BENIGN NEOPLASM OF COLON
211.4	BENIGN NEOPLASM OF RECTUM AND ANAL CANAL
230.3 - 230.6	CARCINOMA IN SITU OF COLON - CARCINOMA IN SITU OF ANUS UNSPECIFIED
235.2	NEOPLASM OF UNCERTAIN BEHAVIOR OF STOMACH INTESTINES AND RECTUM
235.5	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED DIGESTIVE ORGANS
259.2	CARCINOID SYNDROME
263.0	MALNUTRITION OF MODERATE DEGREE
280.0	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)

280.9	IRON DEFICIENCY ANEMIA UNSPECIFIED
285.1	ACUTE POSTHEMORRHAGIC ANEMIA
421.0	ACUTE AND SUBACUTE BACTERIAL ENDOCARDITIS
448.0	HEREDITARY HEMORRHAGIC TELANGIECTASIA
555.0 - 555.2	REGIONAL ENTERITIS OF SMALL INTESTINE - REGIONAL ENTERITIS OF SMALL INTESTINE WITH LARGE INTESTINE
555.9	REGIONAL ENTERITIS OF UNSPECIFIED SITE
556.0 - 556.6	ULCERATIVE (CHRONIC) ENTEROCOLITIS - UNIVERSAL ULCERATIVE (CHRONIC) COLITIS
556.8	OTHER ULCERATIVE COLITIS
556.9	ULCERATIVE COLITIS UNSPECIFIED
557.0	ACUTE VASCULAR INSUFFICIENCY OF INTESTINE
557.1	CHRONIC VASCULAR INSUFFICIENCY OF INTESTINE
557.9	UNSPECIFIED VASCULAR INSUFFICIENCY OF INTESTINE
558.1	GASTROENTERITIS AND COLITIS DUE TO RADIATION
558.2	TOXIC GASTROENTERITIS AND COLITIS
558.41	EOSINOPHILIC GASTROENTERITIS
558.42	EOSINOPHILIC COLITIS
558.9	OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS
560.0	INTUSSUSCEPTION
560.1	PARALYTIC ILEUS
560.2	VOLVULUS
560.30	IMPACTION OF INTESTINE UNSPECIFIED
560.31	GALLSTONE ILEUS
560.32	FECAL IMPACTION
560.39	OTHER IMPACTION OF INTESTINE

560.81	INTESTINAL OR PERITONEAL ADHESIONS WITH OBSTRUCTION (POSTOPERATIVE) (POSTINFECTION)
560.89	OTHER SPECIFIED INTESTINAL OBSTRUCTION
560.9	UNSPECIFIED INTESTINAL OBSTRUCTION
562.10 - 562.13	DIVERTICULOSIS OF COLON (WITHOUT HEMORRHAGE) - DIVERTICULITIS OF COLON WITH HEMORRHAGE
564.4	OTHER POSTOPERATIVE FUNCTIONAL DISORDERS
564.5	FUNCTIONAL DIARRHEA
564.7	MEGACOLON OTHER THAN HIRSCHSPRUNG'S
564.81	NEUROGENIC BOWEL
564.89	OTHER FUNCTIONAL DISORDERS OF INTESTINE
569.0	ANAL AND RECTAL POLYP
569.3	HEMORRHAGE OF RECTUM AND ANUS
569.41	ULCER OF ANUS AND RECTUM
569.81 - 569.86	FISTULA OF INTESTINE EXCLUDING RECTUM AND ANUS - DIEULAFOY LESION (HEMORRHAGIC) OF INTESTINE
569.87	VOMITING OF FECAL MATTER
569.89	OTHER SPECIFIED DISORDERS OF INTESTINES
578.1	BLOOD IN STOOL
578.9	HEMORRHAGE OF GASTROINTESTINAL TRACT UNSPECIFIED
579.1	TROPICAL SPRUE
701.2	ACQUIRED ACANTHOSIS NIGRICANS
759.6	OTHER CONGENITAL HAMARTOSES NOT ELSEWHERE CLASSIFIED
787.91	DIARRHEA
787.99	OTHER SYMPTOMS INVOLVING DIGESTIVE SYSTEM
789.00 - 789.07	ABDOMINAL PAIN UNSPECIFIED SITE - ABDOMINAL PAIN GENERALIZED
789.09	ABDOMINAL PAIN OTHER SPECIFIED SITE

792.1	NONSPECIFIC ABNORMAL FINDINGS IN STOOL CONTENTS
793.4	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF GASTROINTESTINAL TRACT
936	FOREIGN BODY IN INTESTINE AND COLON
V10.00	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF UNSPECIFIED SITE IN GASTROINTESTINAL TRACT
V10.05 - V10.07	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE - PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LIVER
V10.91	PERSONAL HISTORY OF MALIGNANT NEUROENDOCRINE TUMOR
V12.70	PERSONAL HISTORY OF UNSPECIFIED DIGESTIVE DISEASE
V12.72	PERSONAL HISTORY OF COLONIC POLYPS

Diagnoses that Support Medical Necessity

Any diagnosis consistent with those specified in the **Indications and Limitations of Coverage and/or Medical Necessity** section, or the ICD-9-CM descriptors in the **ICD-9-CM Codes That Support Medical Necessity** section.

ICD-9 Codes that DO NOT Support Medical Necessity

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

Diagnoses that DO NOT Support Medical Necessity

Any diagnosis inconsistent with the **Indications and Limitations of Coverage and/or Medical Necessity** section, or with the ICD-9-CM descriptors in the **ICD-9-CM Codes That Support Medical Necessity** section.

■ General Information

Documentations Requirements

Supportive documentation evidencing the condition and treatment is expected to be documented in the progress report and be available upon request.

Medical records need not be submitted with the claim unless modifier 22 is used; however, they must be furnished to Medicare upon request.

The medical records must support the medical reasonableness, necessity, and frequency of each diagnostic service supplied.

The medical record must substantiate the diagnosis listed on the claim form.

The colonoscopy report must describe the following:

- The maximum depth of penetration;
- A description of any abnormal findings; and
- Any procedures performed as the result of such findings (e.g., biopsy).

For a colonoscopy performed in the **office (POS 11)**, maintain on file the make, model number, and serial number of the colonoscope. Provide this information to the contractor upon request. Payment for a colonoscopy performed in the office is subject to recovery when colonoscope information is not available to the contractor.

The patient's medical record must be legible and clearly indicate the medical need for the colonoscopy. In addition, the medical record must include the test result and document its impact on treatment.

If the only indication is abdominal pain, ICD-9-CM code 789.0, the documentation must show the chronic nature of the pain, the medical therapy tried, and the response.

An incomplete colonoscopy is defined as the inability to examine proximal to the splenic flexure. Report an incomplete colonoscopy with the more accurate of modifiers appended to the appropriate colonoscopy code.

- 52 - Reduced fee for less than usual service, or
- 53 - Discontinued procedure

When the colonoscopy procedure is unusual or difficult, modifier 22 (unusual procedural services) may be reported. Submit this claim by paper with an attachment describing the basis for the unusual or difficult service.

The most specific ICD-9-CM code must be chosen and billed to its highest level of specificity. Submit this as the line diagnosis (linked to the procedure) on the claim.

Appendices

Utilization Guidelines

Typically, the initial follow-up for colorectal cancer, adenomatous or neoplastic polyps is a colonoscopy in 1 year, then 3-5 year intervals following resection.

Sources of Information and Basis for Decision

Medical Consultants

Mayo Clinic Health: Ulcerative Colitis. Available at: <http://www.mayoclinic.com/health-information/> Accessed 3/12/12.

American Society for Gastrointestinal Endoscopy: Diagnostic and Therapeutic Procedures. Available at: (<http://www.meds.com/colon/colon.html>).

Beers MH, Berkow R. eds. *Merck Manual*. 17th ed. Whitehouse Station, NJ: Merck Research Laboratories; 1999;223-335.

Other contractor's local medical review policies

Model Policy from CMD Workgroup approved by BPDWay, Lawrence W: Large Intestine: Fiberoptic Colonoscopy & Sigmoidoscopy. Chap 32 in: *Current Surgical Diagnosis & Treatment*. 9th ed. Appleton & Lange; 1991.

NOTE: Some of the websites used to create this policy may no longer be available.

Advisory Committee Meeting Notes

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

Contractor Advisory Committee meeting dates:

California -
Hawaii -
Nevada -

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period

06/16/2008

Revision History Number

Revision #9

Revision History Explanation

Revision #9 effective for dates of service on or after 03/22/2012
Under Sources of Information and Basis for Decision verified website <http://www.mayoclinic.com/health-information> for Ulcerative Colitis and put the day web site accessed.

Revision #8 effective for dates of service on or after 04/21/2011.
Under Sources of Information and Basis for Decision corrected the website address to www.mayoclinic.com/health-information/ and the name Mayo Clinic Health Oasis to Mayo Clinic Health: Ulcerative Colitis. Added editors' names to book titled Merck Manual and added publication information and pages.

Revision #7 effective for dates of service on or after 10/01/2010.
Revision made: Under ICD-9 Codes that Support Medical Necessity, ICD-9 code 560.32 was added to the LCD per the Annual Update of International Classification of Diseases, Ninth Revision, Clinical Modifications (ICD-9-CM) per CR 7006, Transmittal 2017, and dated August 4, 2010.

Revision #6 effective for dates of service on or after 11/25/2009
Revision made: Under ICD-9 Codes that Support Medical Necessity added ICD-9 code 280.0.

Revision #5 effective for dates of service on or after 10/01/2009
Revisions made: Under ICD-9 Codes that Support Medical Necessity the following codes were added per the Annual Update of International Classification of Diseases, Ninth Revision, Clinical Modifications (ICD-9-CM) per CR 6520, Transmittal 1770, dated July 10, 2009: 569.87 and V10.91. ICD-9 code 793.4 descriptor was revised.

Revision #4 effective for dates of service on or after 04/16/2009.

Revisions made: Removed reference to HCFA Pub 60 AB Program Memorandum Rev AB-97-24 and replaced with *Medicare Claims Processing Manual*, Pub. 100-04, Chapter 12, §30.1B regarding billing incomplete colonoscopies.

Revision #3, 02/26/2009

This LCD is being revised to implement the streamlining of the Part B LCDs per the published article "Palmetto Team to Streamline Part B LCDs in Jurisdiction 1 (J1)." This article can be viewed at www.PalmettoGBA.com by searching for the above article name. This revision will become effective on 02/26/2009.

Revision #2, 10/01/2008

This LCD is being revised due to the annual FY 2009 ICD-9-CM code update. Under CMS National Coverage Policy deleted verbiage. Under ICD-9 Codes That Support Medical Necessity added 038.12, 199.2, 558.41 and 558.42. The verbiage for ICD-9 code 038.11 was revised. Removed duplicative SSA citation under Documentation Requirements. Under Sources of Information and Basis for Decision the references were placed in the AMA citation format. This revision becomes effective 10/01/2008.

Revision #1, 09/02/2008

This LCD is being revised to add Bill Type 999X because the automated system transcription process was incomplete.

08/08/2009 - This policy was updated by the ICD-9 2009-2010 Annual Update.

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:
44393 descriptor was changed in Group 1

Reason for Change

Maintenance (annual review with new changes, formatting, etc.)

Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.

■ All Versions

Updated on 03/15/2012 with effective dates 03/22/2012 - N/A

Updated on 04/11/2011 with effective dates 04/21/2011 - 03/21/2012

Updated on 11/21/2010 with effective dates 10/01/2010 - 04/20/2011

Updated on 09/10/2010 with effective dates 10/01/2010 - N/A

Some older versions have been archived. Please visit the [MCD Archive Site](#) to retrieve them.

Read the **LCD Disclaimer**

