Medicare Hospital and Chargemaster Version
LifePoint Custom

KEY CONCEPTS OUTLINE
Module 2: Medicare Research, Resources, and Medical Necessity

I. Web-Based Resources

    A. There are two main websites with Medicare source authority (i.e., Medicare "rules"):

        1. The U.S. Government Printing Office (GPO) Federal Digital System (FDsys) website hosts statutes and regulations. The FDsys generally has prior versions of statutes and regulations going back several years.

        2. The CMS website hosts CMS sub-regulatory guidance, including manuals, transmittals, and other guidance on the Medicare program.

> ***Caution:*** The CMS website does not maintain an archive of prior versions of manuals and often removes transmittals or other guidance without notice. If you rely on guidance from the CMS website, you should retain a printed or electronic copy to ensure you have it for future reference.

    B. HCPro maintains a website with extensive links to Medicare resources, including the FDsys and CMS websites at:

        https://www.revenuecycleadvisor.com/helpful-links

        1. Handout 3 is a copy of HCPro's links page for your reference or to note links you find useful during class.

II. Key Sources of Authority

    A. For your reference, Handout 4 is a table with key sources of authority, or Medicare "rules", as well as where they are published, where to find them on the internet, and example citations.

1. Handout 4 is organized in the order audit contractors should apply guidance in making medical review decisions. *<Medicare Program Integrity Manual,* Chapter 3 § 3.3 A>

B. Statutes

1. Public Laws

a. Congress adopts new statutes as Public Laws. Public Laws are found on Congress.gov, maintained by the Library of Congress.

> Link: Congress.gov under Regulations and Statutes

b. Each public law has a home page that provides information on the adoption of the bill and the final text.

> Tip: Under the "Text" tab, use the "Enrolled Bill" for an easy-to-use version of the text of a bill, with embedded links to related provisions.

2. *United States Code* (*U.S.C.*)

a. The *U.S.C.* is a compilation of the statutes of the United States.

i. Title 42 of the *U.S.C.*, which contains the Medicare laws, has not been enacted as positive law. Its text is prima facie evidence of the law, but the text of the Public Law, as enacted, takes precedence in the event of a conflict.

> Link: Unites States Code (Federal Statutes) under Regulations and Statutes

3. Social Security Act

a. Frequently, Medicare laws are cited by their Social Security Act section number, rather than their *U.S.C.* section number. The Social Security Administration maintains an updated version of the Social Security Act.

> Link: Social Security Act, Title 18 (Medicare) under Regulations and Statues

C. Regulations

1. *Federal Register*

    a. CMS publishes proposed and final regulations in the *Federal Register*.

> Regulations are first published as proposed rules with request for comment. After gathering comments, a final rule is published, which contains the final regulation and a preamble with significant commentary and responses to submitted comments.

    b. On the Federal Register site, you can browse by date or use the "Search" function at the top of the page to search for a particular volume and page number.

> Link: Federal Register under Regulations and Statutes

    c. CMS also makes display copies of important hospital related proposed and final rules, along with accompanying data files and tables, available on their website.

> Link: IPPS – FY2023 Final Rule Home Page under Medicare-Related Sites - Hospital
>   Use links on the left navigation to find prior year home pages.

> Link: OPPS – Regulations and Notices under Medicare-Related Sites - Hospital

    d. Proposed and final rules can be very large and difficult to navigate.

        i. The "Summary of the Major Provisions" section in the "Executive Summary" at the beginning of the rule can be a helpful place to start.

> Tip: Use the Table of Contents to find sections of interest and the "find" feature of the software to navigate to pertinent sections.

        ii. Follow-up questions can be directed to the individuals in the "For Further Information Contact:" section.

> Link: HHS Employee Directory under Medicare-Related Sites - General

2. *Code of Federal Regulations (C.F.R.)*

   a. The *C.F.R.* is a compilation of the regulations of the United States. Title 42 contains the Medicare regulations.

      i. The *C.F.R.* is published in an official annual edition and a regularly updated electronic version referred to as the e*CFR*, an unofficial compilation of the *C.F.R.* and recent *Federal Register* amendments.

> **Caution:** The annual edition of Title 42 is updated October 1 of each year, but the OPPS regulations are adopted around November 1. Use the eCFR for the most up-to-date version of federal regulations.

> Link: CFR Title 42 – Electronic Version under Regulations and Statutes

> Tip: Use the Federal Register citations noted at the end of each regulation to find important preamble discussion published when the regulation or amendment was adopted.

D. Sub-Regulatory Guidance

   1. Sub-regulatory guidance, such as manuals and transmittals, is binding on Medicare contractors. Regulations require Administrative Law Judges (ALJs) give "substantial deference" to the guidance applicable to a case and if they do not follow it, explain why in their decision letter. <42 *C.F.R.* 405.1062>

   2. "Paper-based" Manuals

      a. The *Provider Reimbursement Manual* contains charging and cost reporting guidelines and is available in a "paper-based" version that can be downloaded from the CMS website.

> Link: Manuals – Paper Based Manuals under Medicare-Related Sites - General

      b. The *Provider Reimbursement Manual* has two parts

         i. Part I provides cost report information such as Medicare's policies on "Bad Debts, Charity, and Courtesy Allowances" or the "Determination of Costs of Services", which provides information on the structure of charges.

      ii. Part II primarily provides cost report formats and completion instructions.

  3. "Internet-only" Manuals (IOMs)

     a. CMS provides significant sub-regulatory guidance in "internet-only" manuals published directly on their website.

> **Caution:** CMS often removes or revises manual sections without providing an archive of prior versions. As noted above, you should retain a printed or electronic copy of manual sections you rely on to ensure you have them for future reference.

> Link: Manuals – Internet Only Manuals under Medicare-Related Sites - General

     b. The following IOMs may be particularly helpful:

       i. *Pub. 100-02 – Medicare Benefit Policy Manual* provides coverage requirements for various inpatient and outpatient services.

       ii. *Pub. 100-04 – Medicare Claims Processing Manual* provides coding, billing and claims guidance.

       iii. *Pub. 100-05 – Medicare Secondary Payer Manual* provides information related to Medicare as a primary or secondary payer.

       iv. *Pub. 100-07 – State Operations Manual* provides guidance on the Conditions of Participation.

> Tip: To access detailed information, such as Tag numbers, Interpretive Guidelines, and Survey Procedures, open the "Appendices Table of Contents" and click on the "Appendix Letter" for the provider or survey type (e.g., "A" for "Hospitals" or "V" for "Responsibilities of Medicare Participating Hospitals in Emergency Cases", i.e., EMTALA).

       v. *Pub. 100-08 – Medicare Program Integrity Manual* providers guidance to Medicare auditors, including MACs, SMRCs, CERT, Recovery Auditors, and UPICs.

4. Transmittals and Program Memoranda

   a. Transmittals communicate new or revised policies or procedures, as well as new, deleted or revised manual language.

   > Link: Transmittals and Program Memoranda under Medicare-Related Sites – General
   >   Use links on the left navigation to access transmittals or program memoranda from prior years.

   > Note: One Time Notification (OTN) transmittals are global in nature and not tied to a particular substantive manual

   b. Transmittal Numbers:

   > Format of transmittal numbers:
   >
   > R (Number – in the order of publishing) (Initials for manual)
   >
   > R10224CP: 224th published transmittal, related to the Claims Processing Manual
   >
   > Note: the numbering system for transmittals changed on approximately March 20, 2020. Previously, the transmittals were numbered separately for each manual, rather than by date across all manuals.

   c. Change Request Numbers:

      i. Transmittals are linked to a change request (CR) number, CMS' internal tracking number, tying together documents associated with a particular policy change.

      > Change Request (CR) numbers:
      > - May be associated with multiple transmittals, e.g., one CR may have an associated Medicare Claims Processing Manual Transmittal and a Medicare Benefit Policy Manual Transmittal.
      > - Are used in the numbering of associated MLN Matters Articles, discussed later in this outline.
      > - Are often used by CMS representatives to refer to policy changes, rather than transmittal numbers.

d. Components of a Transmittal

i.   "Date" (in the header) represents the date the transmittal was published.

ii. "Effective Date" represents the date of service the policy in the transmittal will begin to apply, unless noted otherwise.

> **Caution:** The effective date of a transmittal may be prior to the date the transmittal was published, which may affect coverage, coding, billing, or payment of services already rendered.

iii. "Implementation Date" represents the date processing systems will be able to process claims correctly according to the policies in the transmittal, unless noted otherwise.

> **Caution:** The implementation date of a transmittal is generally the first business day of the quarter or year after the transmittal is effective but may be substantially after the effective date. A provider may need to hold claims affected by the transmittal until system changes are implemented.

iv. If there are new, deleted, or revised manual sections associated with the transmittal, they will be listed in the "Changes in Manual Instructions" table at the beginning of the transmittal.

a) The text of new or revised manual sections will appear after the attachments at the end of the transmittal.

> **Caution:** New or revised text will appear in red italics, however, deleted text will not be noted. Important guidance may be removed without any indication in the transmittal. Revisions should be reviewed carefully.

v.   "Background" and "Policy" sections provide important information about the policy changes in the transmittal.

vi. The "Business Requirements Table" contains specific instructions to CMS contractors for implementation of changes in the transmittal, including instructions related to reprocessing claims or adjusting claims brought to their attention by providers.

> Tip: This section may be particularly helpful to providers to determine the effect of the transmittal on their claims.

vii. The "Contacts" section contains the names and email addresses of CMS staff, which may be used for follow-up questions.

viii. Transmittals may also have attachments with important tables or other important information.

5. MLN Matters Publications

   a. MLN Fact Sheets, Articles and other educational documents are published on the CMS website and explain Medicare policy in an easy to understand format, often written for specific provider types.

   > Link: MLN Publications under Medicare-Related Sites – General

   i. Many of the Fact Sheets appear to replace the former Special Edition MLN Articles, last published in March of 2022.

   b. MLN Matters Articles are linked to a particular transmittal intended to provide practical and operational information about the transmittal to providers.

   > Link: MLN Matters Articles – Overview Page under Medicare-Related Sites – General

6. Other Guidance

   a. CMS frequently posts other guidance on their website in the form of documents, FAQs, algorithms, or other information.

   b. Some helpful sites:

   > Link: Inpatient Hospital Reviews under Medicare-Related Sites – Hospital

   > Link: Hospital Center under Medicare-Related Sites – Hospital

   > Link: OPPS Home Page under Medicare-Related Sites – Hospital

III. National and Local Coverage Policies

    A. Medicare Coverage Database

        1. CMS hosts a comprehensive coverage website entitled the Medicare Coverage Database where they publish National and Local Coverage Determinations and related documents. CMS publishes a helpful guide entitled "How to Use the Medicare Coverage Database".

> Link: Coverage Database (NCDs, NCAs, LCDs) under Medicare-Related Sites – General

        2. Types of Documents on the Medicare Coverage Database

            a. National Coverage Determinations (NCDs)

                i. NCDs describe national Medicare coverage policy and generally provide the conditions under which an item or service is considered to be covered. *<Medicare Program Integrity Manual,* Chapter 13 § 13.1.1>

                ii. NCDs are binding on all Medicare contractors and in most cases on ALJs in the appeals process. <42 *C.F.R.* 405.1060; *Medicare Program Integrity Manual*, Chapter 13 § 13.1.1>

            b. National Coverage Analyses (NCAs) and Decision Memoranda

> CMS publishes NCAs and Decision Memoranda describing CMS coverage decisions and providing the **clinical basis and rationale** of the decisions, including **clinical evidence and studies**.

                i. NCAs and Coverage Decision Memoranda are not binding on Medicare Contractors or ALJs, but CMS directs contractors to consider them in their medical review activities. *<Medicare Program Integrity Manual,* Chapter 12 § 13.1.1>

            c. Coding Analyses for Labs (CALs), Medicare Evidence Development & Coverage Advisory Committee (MEDCAC) Meeting minutes, Technology Assessments (TAs) and Medicare Coverage Documents (MCDs)

                i. CALs, MEDCAC meeting minutes, TAs, and MCDs provide additional guidance on national Medicare coverage policies and decisions.

            d. Local Coverage Determination (LCDs)

   i. MACs publish LCDs to describe local coverage policy and as educational tools to assist and furnish guidance to providers within their jurisdiction. *<Medicare Program Integrity Manual,* Chapter 13 § 13.1.3>

   ii. LCDs are not binding on Medicare contractors or ALJs, beyond the contractor that established them. Regulations require contractors and ALJs give substantial deference to LCDs applicable to a case and if they do not follow an LCD, explain why in their decision letter. <42 *C.F.R.* 405.1062>

  e. Local Coverage Articles

   i. MACs publish coverage articles addressing local coverage, coding, billing, medical review, and claims considerations. The articles may include newly developed educational materials, coding instructions, or clarification of existing billing or claims policy.

 B. Coverage with Evidence Development (CED)

  1. CED policies cover items or services on the condition they are furnished in the context of approved clinical studies or with the collection of additional clinical data. *<Guidance for the Public, Industry, and CMS Staff; Coverage with Evidence Development Document*, Issued on November 20, 2014>

> Link: Coverage with Evidence Development (CED) under Medicare-Related Sites – General
> Use links on the left navigation to access an information page for each item or service covered under CED.

  2. The routine costs of items and services, associated with services covered under CED, are also covered if the items or services are generally covered for Medicare beneficiaries. *<Guidance for the Public, Industry, and CMS Staff; Coverage with Evidence Development Document,* Issued on November 20, 2014>

  3. Clinical Trial Reporting for CEDs

   a. The following should be reported on claims for services covered under CED. *<Medicare Claims Processing Manual,* Chapter 32 §§ 69.5, 69.6>

    i. Condition code 30 ("Qualifying Clinical Trials"); and

    ii. Value code D4 with the eight-digit clinical trial number of the study the service is covered under, as specified on the CED website or on clinicaltrials.gov; and

iii. ICD-10 code Z00.6 ("Encounter for examination for normal comparison and control in clinical research program"); and

iv. For outpatient claims, as appropriate:

a) Modifier -Q0 ("Investigational clinical service provided in a clinical research study that is an approved clinical research study")

b) Modifier -Q1 ("Routine clinical service provided in a clinical research study that is an approved clinical research study")

C. Laboratory NCD Manual

1. CMS publishes laboratory NCDs, along with additional coding and coverage information in a "*Lab NCD Manual*" entitled *Medicare National Coverage Determination (NCD) Coding Policy Manual and Change Report, Clinical Diagnostic Laboratory Services.*

> Link: Clinical Diagnostic Laboratory NCD Manual under Medicare -Related Sites - General

2. The *Lab NCD Manual* contains a list of "Non-covered ICD-10-CM Codes for All Lab NCD Edits" that are never covered by Medicare for a diagnostic laboratory service. It is not clear whether the list applies to other NCDs or to laboratory tests not covered by an NCD. *<Lab NCD Manual>*

IV. Ways to Stay Current (All Free)

A. Subscribe to HCPro's resources to receive information and updates applicable to your facility.

1. Revenue Cycle Daily Advisor is a free daily email publication with informative articles gathered from a variety of HCPro and HealthLeaders sources.

2. Revenue Integrity Insider is a free email publication with information from the National Association of Healthcare Revenue Integrity (NAHRI), a new association dedicated to providing revenue integrity professionals with the resources, networking, and education needed to foster this growing field and profession.

> Link: HCPro Free Email Newsletters under Listserv Subscriptions

B. Subscribe to CMS email updates.

  1. Suggested CMS mailing lists include:

    a. CMS Coverage Email Updates

    > Link: CMS Email Update Lists – Subscriber's Main Page under Listserv Subscriptions

    b. MLN Connects™ Provider eNews

    c. Hospital Open Door Forum

    > Tip: CMS conducts periodic "Hospital Open Door Forum" calls which provide valuable information to hospitals. You can receive dial in information by signing up to this list or checking the Hospital Open Door Forum website.

    > Link: Open Door Forum – Overview page under Listserv Subscriptions

    d. CMS News Releases (including proposed and final rule fact sheets)

C. Subscribe to your MAC's email list.

D. Subscribe to The Livanta Claims Review Advisor

  > Link: Livanta Claims Review Advisors under Listserv Subscriptions

Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report (ICD-10-CM)
*January 2023

Clinical Diagnostic Laboratory Services

U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244
CMS Email Point of Contact:
CAG_Lab_NCD@cms.hhs.gov
TDD 410.786.0727

Fu Associates, Ltd.

NCD Manual Changes

CR Date	Reason	Release	Change	Edit
*01/01/23	*Per CR 12888 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are denied for the Urine Culture, Bacterial (190.12) NCD. *Transmittal #11583	*2023100		*190.12 Urine Culture, Bacterial
*01/01/23	*Per CR 12888 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Urine Culture, Bacterial (190.12) NCD. *Transmittal #11583	*2023100		*190.12 Urine Culture, Bacterial
*01/01/23	*Per CR 12888 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are denied for the Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring) (190.13) NCD. *Transmittal #11583	*2023100		*190.13 Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring)

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Non-covered ICD-10-CM Codes for All Lab NCDs

This section lists codes that are never covered by Medicare for a diagnostic lab testing service. If a code from this section is given as the reason for the test, the test may be billed to the Medicare beneficiary without billing Medicare first because the service is not covered by statute, in most instances because it is performed for screening purposes and is not within an exception. The beneficiary, however, does have a right to have the claim submitted to Medicare, upon request.

The ICD-10-CM codes in the table below can be viewed on CMS' website as part of Downloads: Lab Code List, at
http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10.html

Code	Description
R99	Ill-defined and unknown cause of mortality
Z00.00	Encounter for general adult medical examination without abnormal findings
Z00.01	Encounter for general adult medical examination with abnormal findings
Z00.110	Health examination for newborn under 8 days old
Z00.111	Health examination for newborn 8 to 28 days old
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
Z00.5	Encounter for examination of potential donor of organ and tissue
Z00.6	Encounter for examination for normal comparison and control in clinical research program
Z00.70	Encounter for examination for period of delayed growth in childhood without abnormal findings
Z00.71	Encounter for examination for period of delayed growth in childhood with abnormal findings
Z00.8	Encounter for other general examination
Z02.0	Encounter for examination for admission to educational institution
Z02.1	Encounter for pre-employment examination
Z02.2	Encounter for examination for admission to residential institution
Z02.3	Encounter for examination for recruitment to armed forces
Z02.4	Encounter for examination for driving license
Z02.5	Encounter for examination for participation in sport
Z02.6	Encounter for examination for insurance purposes
Z02.71	Encounter for disability determination
Z02.79	Encounter for issue of other medical certificate
Z02.81	Encounter for paternity testing
Z02.82	Encounter for adoption services

*January 2023 Changes
ICD-10-CM Version – Red

Code	Description
Z02.83	Encounter for blood-alcohol and blood-drug test
Z02.89	Encounter for other administrative examinations
Z02.9	Encounter for administrative examinations, unspecified
Z04.6	Encounter for general psychiatric examination, requested by authority
Z04.81	Encounter for examination and observation of victim following forced sexual exploitation
Z04.82	Encounter for examination and observation of victim following forced labor exploitation
Z04.89	Encounter for examination and observation for other specified reasons
Z04.9	Encounter for examination and observation for unspecified reason
Z11.0	Encounter for screening for intestinal infectious diseases
Z11.1	Encounter for screening for respiratory tuberculosis
Z11.2	Encounter for screening for other bacterial diseases
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
Z11.4	Encounter for screening for human immunodeficiency virus [HIV]
Z11.51	Encounter for screening for human papillomavirus (HPV)
Z11.52	Encounter for screening for COVID-19
Z11.59	Encounter for screening for other viral diseases
Z11.6	Encounter for screening for other protozoal diseases and helminthiases
Z11.7	Encounter for testing for latent tuberculosis infection
Z11.8	Encounter for screening for other infectious and parasitic diseases
Z11.9	Encounter for screening for infectious and parasitic diseases, unspecified
Z12.0	Encounter for screening for malignant neoplasm of stomach
Z12.10	Encounter for screening for malignant neoplasm of intestinal tract, unspecified
Z12.13	Encounter for screening for malignant neoplasm of small intestine
Z12.2	Encounter for screening for malignant neoplasm of respiratory organs
Z12.6	Encounter for screening for malignant neoplasm of bladder
Z12.71	Encounter for screening for malignant neoplasm of testis
Z12.72	Encounter for screening for malignant neoplasm of vagina
Z12.73	Encounter for screening for malignant neoplasm of ovary
Z12.79	Encounter for screening for malignant neoplasm of other genitourinary organs
Z12.81	Encounter for screening for malignant neoplasm of oral cavity
Z12.82	Encounter for screening for malignant neoplasm of nervous system
Z12.83	Encounter for screening for malignant neoplasm of skin
Z12.89	Encounter for screening for malignant neoplasm of other sites
Z12.9	Encounter for screening for malignant neoplasm, site unspecified

*January 2023 Changes
ICD-10-CM Version – Red

Code	Description
Z13.0	Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z13.21	Encounter for screening for nutritional disorder
Z13.220	Encounter for screening for lipoid disorders
Z13.228	Encounter for screening for other metabolic disorders
Z13.29	Encounter for screening for other suspected endocrine disorder
Z13.30	Encounter for screening examination for mental health and behavioral disorders, unspecified
Z13.31	Encounter for screening for depression
Z13.32	Encounter for screening for maternal depression
Z13.39	Encounter for screening examination for other mental health and behavioral disorders
Z13.40	Encounter for screening for unspecified developmental delays
Z13.41	Encounter for autism screening
Z13.42	Encounter for screening for global developmental delays (milestones)
Z13.49	Encounter for screening for other developmental delays
Z13.5	Encounter for screening for eye and ear disorders
Z13.71	Encounter for nonprocreative screening for genetic disease carrier status
Z13.79	Encounter for other screening for genetic and chromosomal anomalies
Z13.810	Encounter for screening for upper gastrointestinal disorder
Z13.811	Encounter for screening for lower gastrointestinal disorder
Z13.818	Encounter for screening for other digestive system disorders
Z13.820	Encounter for screening for osteoporosis
Z13.828	Encounter for screening for other musculoskeletal disorder
Z13.83	Encounter for screening for respiratory disorder NEC
Z13.84	Encounter for screening for dental disorders
Z13.850	Encounter for screening for traumatic brain injury
Z13.858	Encounter for screening for other nervous system disorders
Z13.88	Encounter for screening for disorder due to exposure to contaminants
Z13.89	Encounter for screening for other disorder
Z13.9	Encounter for screening, unspecified
Z36.0	Encounter for antenatal screening for chromosomal anomalies
Z36.1	Encounter for antenatal screening for raised alphafetoprotein level
Z36.2	Encounter for other antenatal screening follow-up
Z36.3	Encounter for antenatal screening for malformations

*January 2023 Changes
ICD-10-CM Version – Red

Code	Description
Z36.4	Encounter for antenatal screening for fetal growth retardation
Z36.5	Encounter for antenatal screening for isoimmunization
Z36.81	Encounter for antenatal screening for hydrops fetalis
Z36.82	Encounter for antenatal screening for nuchal translucency
Z36.83	Encounter for fetal screening for congenital cardiac abnormalities
Z36.84	Encounter for antenatal screening for fetal lung maturity
Z36.85	Encounter for antenatal screening for Streptococcus B
Z36.86	Encounter for antenatal screening for cervical length
Z36.87	Encounter for antenatal screening for uncertain dates
Z36.88	Encounter for antenatal screening for fetal macrosomia
Z36.89	Encounter for other specified antenatal screening
Z36.8A	Encounter for antenatal screening for other genetic defects
Z36.9	Encounter for antenatal screening, unspecified
Z40.00	Encounter for prophylactic removal of unspecified organ
Z40.01	Encounter for prophylactic removal of breast
Z40.02	Encounter for prophylactic removal of ovary(s)
Z40.09	Encounter for prophylactic removal of other organ
Z40.8	Encounter for other prophylactic surgery
Z40.9	Encounter for prophylactic surgery, unspecified
Z41.1	Encounter for cosmetic surgery
Z41.2	Encounter for routine and ritual male circumcision
Z41.3	Encounter for ear piercing
Z41.8	Encounter for other procedures for purposes other than remedying health state
Z41.9	Encounter for procedure for purposes other than remedying health state, unspecified
Z46.1	Encounter for fitting and adjustment of hearing aid
Z56.0	Unemployment, unspecified
Z56.2	Threat of job loss
Z56.3	Stressful work schedule
Z56.4	Discord with boss and workmates
Z56.5	Uncongenial work environment
Z56.6	Other physical and mental strain related to work
Z56.81	Sexual harassment on the job
Z56.82	Military deployment status
Z56.89	Other problems related to employment

*January 2023 Changes
ICD-10-CM Version – Red

Code	Description
Z56.9	Unspecified problems related to employment
Z57.0	Occupational exposure to noise
Z57.1	Occupational exposure to radiation
Z57.2	Occupational exposure to dust
Z57.31	Occupational exposure to environmental tobacco smoke
Z57.39	Occupational exposure to other air contaminants
Z57.4	Occupational exposure to toxic agents in agriculture
Z57.5	Occupational exposure to toxic agents in other industries
Z57.6	Occupational exposure to extreme temperature
Z57.7	Occupational exposure to vibration
Z57.8	Occupational exposure to other risk factors
Z57.9	Occupational exposure to unspecified risk factor
Z58.6	Inadequate drinking-water supply
Z59.00	Homelessness unspecified
Z59.01	Sheltered homelessness
Z59.02	Unsheltered homelessness
Z59.1	Inadequate housing
Z59.2	Discord with neighbors, lodgers and landlord
Z59.3	Problems related to living in residential institution
Z59.41	Food insecurity
Z59.48	Other specified lack of adequate food
Z59.5	Extreme poverty
Z59.6	Low income
Z59.7	Insufficient social insurance and welfare support
Z59.811	Housing instability, housed, with risk of homelessness
Z59.812	Housing instability, housed, homelessness in past 12 months
Z59.819	Housing instability, housed unspecified
*Z59.82	***Transportation insecurity**
*Z59.86	***Financial insecurity**
*Z59.87	***Material hardship**
Z59.89	Other problems related to housing and economic circumstances
Z59.9	Problem related to housing and economic circumstances, unspecified
Z60.2	Problems related to living alone
Z62.21	Child in welfare custody

*January 2023 Changes
ICD-10-CM Version – Red

Code	Description
Z71.0	Person encountering health services to consult on behalf of another person
Z74.1	Need for assistance with personal care
Z74.2	Need for assistance at home and no other household member able to render care
Z74.3	Need for continuous supervision
Z74.8	Other problems related to care provider dependency
Z74.9	Problem related to care provider dependency, unspecified
Z75.5	Holiday relief care
Z76.0	Encounter for issue of repeat prescription
Z76.1	Encounter for health supervision and care of foundling
Z76.2	Encounter for health supervision and care of other healthy infant and child
Z76.3	Healthy person accompanying sick person
Z76.4	Other boarder to healthcare facility
Z76.81	Expectant parent(s) prebirth pediatrician visit
Z80.1	Family history of malignant neoplasm of trachea, bronchus and lung
Z80.2	Family history of malignant neoplasm of other respiratory and intrathoracic organs
Z80.49	Family history of malignant neoplasm of other genital organs
Z80.51	Family history of malignant neoplasm of kidney
Z80.52	Family history of malignant neoplasm of bladder
Z80.59	Family history of malignant neoplasm of other urinary tract organ
Z80.6	Family history of leukemia
Z80.7	Family history of other malignant neoplasms of lymphoid, hematopoietic and related tissues
Z80.8	Family history of malignant neoplasm of other organs or systems
Z80.9	Family history of malignant neoplasm, unspecified
Z81.0	Family history of intellectual disabilities
Z81.1	Family history of alcohol abuse and dependence
Z81.2	Family history of tobacco abuse and dependence
Z81.3	Family history of other psychoactive substance abuse and dependence
Z81.4	Family history of other substance abuse and dependence
Z81.8	Family history of other mental and behavioral disorders
Z82.0	Family history of epilepsy and other diseases of the nervous system
Z82.1	Family history of blindness and visual loss
Z82.2	Family history of deafness and hearing loss
Z82.3	Family history of stroke

*January 2023 Changes
ICD-10-CM Version – Red

Code	Description
Z82.41	Family history of sudden cardiac death
Z82.49	Family history of ischemic heart disease and other diseases of the circulatory system
Z82.5	Family history of asthma and other chronic lower respiratory diseases
Z82.61	Family history of arthritis
Z82.62	Family history of osteoporosis
Z82.69	Family history of other diseases of the musculoskeletal system and connective tissue
Z82.71	Family history of polycystic kidney
Z82.79	Family history of other congenital malformations, deformations and chromosomal abnormalities
Z82.8	Family history of other disabilities and chronic diseases leading to disablement, not elsewhere classified
Z83.0	Family history of human immunodeficiency virus [HIV] disease
Z83.1	Family history of other infectious and parasitic diseases
Z83.2	Family history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z83.3	Family history of diabetes mellitus
Z83.41	Family history of multiple endocrine neoplasia [MEN] syndrome
Z83.49	Family history of other endocrine, nutritional and metabolic diseases
Z83.511	Family history of glaucoma
Z83.518	Family history of other specified eye disorder
Z83.52	Family history of ear disorders
Z83.6	Family history of other diseases of the respiratory system
Z83.71	Family history of colonic polyps
Z83.79	Family history of other diseases of the digestive system
Z84.0	Family history of diseases of the skin and subcutaneous tissue
Z84.1	Family history of disorders of kidney and ureter
Z84.2	Family history of other diseases of the genitourinary system
Z84.3	Family history of consanguinity
Z84.81	Family history of carrier of genetic disease
Z84.89	Family history of other specified conditions

Reasons for Denial for All Lab NCDs

NOTE: This section includes CMS's interpretation of its longstanding policies pertaining to nationally covered laboratory services, and is included for informational purposes.

- Tests for screening purposes that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered except as explicitly authorized by statute.

- Tests for administrative purposes, including exams required by insurance companies, business establishments, government agencies, or other third parties, are not covered.

- Tests that are not reasonable and necessary for the diagnosis or treatment of an illness or injury are not covered by statute.

- Failure to provide documentation of the medical necessity of tests might result in denial of claims. The documentation may include notes documenting relevant signs, symptoms, or abnormal findings that substantiate the medical necessity for ordering the tests. In addition, failure to provide independent verification that the test was ordered by the treating physician (or qualified nonphysician practitioner) through documentation in the physician's office might result in denial.

- A claim for a test for which there is a national coverage policy will be denied as not reasonable and necessary if the claim is submitted without an ICD-10-CM code or narrative diagnosis listed as covered in the policy unless other medical documentation justifying the necessity is submitted with the claim.

- If a national coverage policy identifies a frequency expectation, a claim for a test that exceeds that expectation may be denied as not reasonable and necessary, unless it is submitted with documentation justifying increased frequency.

- Tests that are not ordered by a treating physician or other qualified treating nonphysician practitioner acting within the scope of their license and in compliance with Medicare requirements will be denied as not reasonable and necessary.

- Failure of the clinical laboratory performing the test to have the appropriate Clinical Laboratory Improvement Amendments of 1988 (CLIA) certificate will result in denial of claims.

Coding Guidelines for All Lab NCDs

1. On and after the implementation date for ICD-10-CM coding of Medicare billing claims, a claim for a clinical diagnostic laboratory service must include a valid ICD-10-CM diagnosis code. When a diagnosis has not been established by the physician, codes that describe symptoms and signs, as opposed to diagnoses, should be provided (see also bullet #5 below).

   Please note that ICD-10-CM codes for diagnoses are not required (and will not be effective) for Medicare billing transactions prior to October 1, 2015. Please use ICD-9-CM codes for diagnoses prior to that date.

   Please check the CMS website www.cms.gov/ICD10 for more information on the implementation of ICD-10-CM codes.

2. Medicare distinguishes 'screening' from 'diagnostic uses' of tests. 'Screening' is testing for disease or disease precursors so that early detection and treatment can be provided for those who test positive for the disease. Screening tests are performed when no specific sign, symptom, or diagnosis is present and the beneficiary has not been exposed to a disease.

   In contrast, 'diagnostic' testing is testing to rule out or to confirm a suspected diagnosis because of a sign and/or symptom in the beneficiary. In these cases, the sign or symptom should be used to explain the reason for the test.

   Some laboratory tests are covered by the Medicare program for screening purposes (for example, NCD # 210.1, Prostate Cancer Screening Tests). However, this manual focuses only on coding policies for diagnostic uses of laboratory services (for example, the test for prostate specific antigen (PSA)).

3. When the reason for performing a test is because the beneficiary has had contact with, or exposure to, a communicable disease, the appropriate code from category Z20, 'Contact with or exposure to communicable diseases', should be assigned. However, on review, the test might still be considered screening and not covered by Medicare.

4. All digits required by ICD-10-CM coding conventions must be used. A code is invalid if it has not been coded with all digits/characters required for that code.

5. The beneficiary's condition(s) and/or diseases should be coded in ICD-10-CM to the highest degree of certainty for that encounter/visit, such as signs, symptoms, abnormal test results, or other reasons for the visit. When a non-specific ICD-10-CM code is submitted, the underlying sign, symptom, or condition must be related to the indications for the test.

Additional Coding Guideline(s)

Note: For any additional guideline(s) about ICD-10-CM coding for a specific diagnostic test service, please see the section "Limitations" in each NCD following the code list table.