

## Louisiana

*Policy Notice 2000-03*

*November 2000*

The Contractor Advisory Committees in Arkansas, Louisiana, Missouri, Oklahoma and New Mexico met in August and have reviewed and accepted several policies which were HCFA directed. Implementation dates appear on the last page of each policy. The policies attached are as follows:

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Please be sure to study these policies and forward them to the appropriate personnel. This policy notice is an official notice of coverage and implementation as specifically defined in each of them. If you have any questions, please contact the Medicare medical director at Medicare Services, P.O. Box 83860, Baton Rouge, LA 70884-3860.



# Allergen Immunotherapy

**Policy Number: AC-00-005**

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## Description:

Immunotherapy (desensitization, hyposensitization) is the parenteral administration of allergenic extracts as antigens at periodic intervals, usually on an increasing dosage scale, to a dosage which is maintained as maintenance therapy. The purpose of allergen immunotherapy is to provide protection against the allergic symptoms and inflammatory reaction(s) associated with natural exposure to these allergens.

**Policy Type:** Local Medical Review Policy

**HCPCS Section and Benefit Category:** Medicine/Allergy and Clinical Immunology

## CPT/HCPCS Codes:

- 95115 Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
- 95117 two or more injections
- 95144 Professional services for the supervision and provision of antigens for allergen immunotherapy, single or multiple antigens, single dose vials (specify number of vials)
- 95145 Professional services for the supervision and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom
- 95146 two single stinging insect venoms
- 95147 three single stinging insect venoms
- 95148 four single stinging insect venoms
- 95149 five single stinging insect venoms
- 95165 Professional services for the supervision and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
- 95170 whole body extract of biting insect or other arthropod (specify number of doses)

## HCFA's National Coverage Policy:

Title XVIII of the Social Security Act, section 1862 (a) (7) excludes routine physical examinations and screening tests performed in the absence of signs and symptoms from coverage.

Title XVIII of the Social Security Act, section 1862 (a) (1) (A) allows coverage and payment for services considered medically reasonable and necessary.

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

## ICD-9Codes That Support Medical Necessity:

ICD-9 Code	Description
372.05	Acute atopic conjunctivitis
372.14	Other chronic allergic conjunctivitis
477.0	Allergic rhinitis due to pollen
477.8	Allergic rhinitis due to other allergen
477.9	Allergic rhinitis; cause unspecified
493.00 – 493.01	Extrinsic asthma
493.20 – 493.21	Chronic obstructive asthma
493.90 – 493.91	Asthma, unspecified
989.5	Toxic effect of venom (Use to report venom hypersensitivity)

# Allergen Immunotherapy

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ICD-9 Code	Description
995.0	Other anaphylactic shock
995.1	Angioneurotic edema

## **Indications/Limitations of Coverage:**

Code 95144 represents the preparation and provision of extract furnished in a single dose vial(s) by the allergist for administration by another physician. Single dose vials contain a single dose of antigen that is administered in one injection.

CPT 95165 represents multiple dose vials of non-venom antigens. A dose is the total amount of antigen to be administered to a patient during one treatment session, whether mixed or in separate vials.

If a physician prepares the extract and injects it into the patient, the appropriate administration code 95115 (for one injection) or 95117 (for two or more injections) plus the multiple dose prep code 95165 should be billed.

## **Reasons for Denial:**

Antigens are covered only if they are given by injection.

Food allergy testing and treatment are not covered.

## **Non-Covered ICD-9 Codes:**

All codes not listed as covered in the ICD-9 section of this policy.

## **Sources of Information:**

1. Oklahoma/New Mexico Part B, Medicare Providers' News, November, 1997, p. 6
2. CPT Assistant, Volume 6, Issue 5, May 1996, p. 2
3. CPT Assistant, Volume 4, Issue 1, Spring 1994, pp. 30-31.
4. HCFA Program Manuals & Transmittals ¶15050.
5. Current CPT Manual, copyright American Medical Association, all rights reserved

## **Coding Guidelines:**

1. Codes 95115-95199 should not be billed in addition to E&M codes unless the visit code represents another separately identifiable service. The E&M code should be billed with Modifier -25.
2. Use CPT code(s) that most appropriately describes the service(s) rendered.

## **Documentation Requirements:**

Documentation supporting the medical necessity, such as ICD-9 codes, must be submitted with each claim. The method of administration and dosage administered should be included in the record.

## **Other Comments:**

When a physician bills both an injection code plus either codes 95165 or 95144, the appropriate injection code (95115 or 95117) plus code 95165 rate will be paid. When a provider bills for codes 95115 or 95117 plus code 95144, 95144 will be changed to 95165 and paid accordingly. This instruction includes services billed on a different date of service. Code 95144 (single dose vials of antigen) should be billed only if the physician providing the antigen is providing it to be injected by some other entity.

# **Allergen Immunotherapy**

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Single dose vials, which should be used only as a means of insuring proper dosage amounts for injections, are more costly to produce than multiple dose vials (95165). Therefore, if a physician simply prepares the extract to be injected by another physician or individual, the correct CPT code to use is 95144. The number of services should equal the number of single dose vials that were prepared.

Visit services should not be billed with allergy injection services unless the visit represents another separately identifiable service. In order for a physician to receive payment for a visit service provided on the same day the physician also provides a service in the allergen immunotherapy series (95115 through 95199), the physician is to bill a modifier –25 with the visit code, indicating that the patient's condition required a significant, separately identifiable visit service above and beyond the allergen immunotherapy service provided.

**CAC Notes:**

This policy does not reflect the sole opinion of the carrier or Carrier Medical Director. Although the final decision rests with the carrier, this policy was developed in cooperation with the Carrier Advisory Committee, which includes representatives from allergy and dermatology, and from a Carrier Medical Director Workgroup which developed a model policy on this subject.

**Start Date of Comment Period:**

July 21, 2000

**Start Date of Notice Period:**

November 1, 2000

**Original Effective Date:**

December 15, 2000

**Revised Effective Date:**

N/A

**Providers' News:**

November 2000



# Carmustine

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## **Policy Number:**

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### **Description:**

Carmustine, a nitrosourea derivative, is generally considered to be an alkylating agent.

**Policy Type:** Local medical necessity policy

### **HCPCS Section, Benefit Category:**

Drugs and Biologicals

### **HCPCS Codes:**

J9050 - Carmustine, Bischlorethyl Nitrosourea, BICNU, 100 mg vial

### **HCFA's National Policy:**

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

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

### **Indications & Limitations of Coverage and/or Medical Necessity:**

Brain tumor (191.\_, 198.3, 237.5, 239.6), Breast carcinoma (174.\_, 175.\_, 198.2, 198.81, 232.5, 233.0), Burkitt's tumor (200.2\_), Malignant tumors of CNS (192.9, 198.4), Advanced colorectal carcinoma (153.\_, 154.\_, 197.5, 230.3, 230.4), Ewing's sarcoma (170.\_), Advanced gastric carcinoma (151.\_, 197.8, 230.2), GI tract carcinoma (159.\_, 197.8, 230.9), Hepatoma (211.5, 155.0), Hodgkin's lymphoma (201.\_), non-Hodgkin's lymphoma (200.\_, 202.0\_, 202.8\_), Lung carcinoma (162.\_, 197.0, 231.2), Malignant melanoma (172.\_), Multiple myeloma (203.0), Waldenstrom's macroglobulemia (273.3)(01/1999)

### **ICD-9 Codes that Support Medical Necessity:**

151.0-151.9, 153.0-153.9, 154.0-154.8, 155.0, 159.0-159.9, 162.0-162.9, 170.0-170.9, 172.0-172.9, 174.0-174.9, 175.0-175.9, 191.0-191.9, 192.9, 197.0, 197.5, 197.8, 198.2, 198.3, 198.4, 198.81, 200.0-200.88, 201.0-201.98, 202.0-202.08, 202.8-202.88, 203.0-203.01, 211.5, 230.2, 230.3, 230.4, 230.9, 231.2, 232.5, 233.0, 237.5, 239.6, 273.3 (01/1999)

### **Reasons for Denial:**

Literature does not support the efficacy of this drug for any indications not listed above.

Carmustine is used topically for the treatment of mycosis fungoides (202.1-202.18) and Medicare B does not pay for topical treatments (Effective 12/15/2000).

**Noncovered ICD-9 Codes:** All others not listed above.

### **Sources of Information:**

Drug Evaluations (p. 2018, 1982, 1997) -1994;  
AHFS: 2000 - p855; 1999 - p809; 1994 - p. 565  
USP DI: 2000 - p809; 1999 - p786; 1998 - p738; 1994 - p76, 184; 411; 1993 - no reference

# **Carmustine**

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**Coding Guidelines:**

This policy does not take precedence over the Correct Coding Initiative (CCI) and CCI does not interfere with Indications/Limitations or acceptable diagnoses specified.

**Documentation Requirements:**

Three Phase III studies from HCFA accepted literature (specified in Program Memorandum AB-9-2) must be submitted at the review level to justify any indications not listed above.

**Other Comments:**

**CAC Notes:**

**Start Date of Comment Period:**

**Start Date of Notice Period:**

September 01, 1994

**Presented to CAC:**

**Original Effective Date:**

October 01, 1994

**Revision Date:**

**Providers' News:**

LA94-06



# Cytarabine

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**Description:**

Cytarabine is a synthetic pyrimidine nucleoside and is a pyrimidine antagonist antimetabolite. Cytarabine is a potent immunosuppressant which can suppress humoral and/or cellular immune responses; however, the drug does not decrease preexisting antibody titers and has no effect on established delayed hypersensitivity reactions.

**Policy Type:** Local medical necessity policy

**HCPCS Section, Benefits Category:**

Drugs and Biologicals

**HCPCS Codes@:**

J9100 - Cytarabine HCL, 100 mg  
J9110 - Cytarabine HCL, 500 mg

**HCFA's National Policy:**

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

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

**Indications & Limitations of Coverage and/or Medical Necessity:**

Acute lymphocytic leukemia (204.0\_), Acute myeloid leukemia (205.0\_), Burkitt's lymphoma (200.2\_), Carcinomatous meningitis (198.4, 199.0)(01/2000), Chronic myelogenous leukemia (205.1\_), Meningeal leukemia (207.20 - 207.21), Multiple myeloma (203.0\_), non-Hodgkin's lymphoma (200.\_, 202.0\_, 202.8\_), Hodgkin's lymphoma (201.\_) (01/1998), Erythroleukemia (207.0\_), and myelodysplastic syndrome (238.7) (01/1998)

**ICD-9 Codes that Support Medical Necessity:**

198.4 (01/2000), 199.0 (01/2000), 200.0-200.88, 201.0-201.98 (01/1998), 202.0-202.08, 202.8-202.88, 203.0-203.01, 204.0-204.01, 205.0-205.01, 205.1-205.11, 207.0-207.01, 207.20 -207.21, 238.7 (01/1998)

**Reasons for Denial:**

Literature does not support the efficacy of this drug for any indications not listed above.

**Noncovered ICD-9 Codes:** All others not listed above.

**Sources of Information:**

Drug Evaluations: p. 2036, 2984, 1996;  
AHFS : 2000 - p886; 1999 - p837; 1998 - 784; 1994 - p585;  
USP DI: 2000 - p1170; 1999 - 1143; 1998-pg 1104

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**Coding Guidelines:**

This policy does not take precedence over the Correct Coding Initiative (CCI) and CCI does not interfere with Indications/Limitations or acceptable diagnoses specified.

**Documentation Requirements:**

Three Phase III studies from HCFA accepted literature (specified in Program Memorandum AB-94-2) must be submitted at the review level to justify any indications not listed above.

**Other Comments:**

**CAC Notes:**

**Start Date of Comment Period:**

**Start Date of Notice Period:**

July 1999  
September 01, 1994

**Presented to CAC:**

**Original Effective Date:**

October 01, 1994

**Revision Date:**

**Providers' News:**

LA PN 99-01  
LA 94-06

# **Appendix A: Independent Diagnostic Testing Facilities (IDTF)**

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**Policy Number:**

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**Description:**

A new entity, independent of a hospital or physician's office in which diagnostic tests are performed was created by regulation (42CFR§410.33) as published in the Federal Register, Vol. 62, number 211, October 31, 1997. This testing must be provided by licensed, certified non-physician personnel under appropriate physician supervision. This entity will replace previously designated Independent Psychologic Laboratories, and should resolve the confusion surrounding their use.

This policy will address structure, approved services, licensure and certification requirements and credentialing for this type facility and the participants who provide the service.

**Policy Type:** Local Medical Review Policy

**HCPCS Section, Benefit Category:** Diagnostic Services

**CPT/ HCPCS Codes:**

See Appendix A.

**HCFA's National Coverage Policy:**

Title XVIII of the Social Security Act, section 1862(a)(7) excludes routine physical examination and screening tests performed in the absence of signs or symptoms from coverage.

Title XVIII of the Social Security Act, section 1862(a)(1)(A) allows coverage and payment for services considered medically reasonable and necessary.

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

**ICD-9-CM Codes:**

**Indications and Limitations of Coverage and/or Medical Necessity:**

- (1) Regulations and this policy do not apply to approved portable x-ray suppliers or to procedures (eg., pathology, laboratory) furnished in physician's offices, group practices, multi-specialty clinics or groups.
- (2) This new entity must have the following characteristics: (a) It may be in a fixed location or be a mobile entity or supplied by an individual non-physician practitioner. (b) Is independent of a hospital or physician's office. (c) Performs only diagnostic tests by licensed, certified non-physician personnel under appropriate physician supervision. (d) The sole purpose is to furnish diagnostic testing. (e) Is not engaged in any form of patient treatment. (f) Is properly enrolled with Medicare as an IDTF and approved for the specific tests to be provided.
- (3) The following diagnostic tests, payable under the Physician Fee Schedule, are not required to be furnished in accordance with the IDTF criteria furnished by a non-hospital entity described in this policy: (a) Diagnostic mammography, (b) Diagnostic tests personally furnished by a "qualified audiologist", (c) Diagnostic psychological testing services personally furnished by a qualified psychologist practicing independently of an institution, agency or physician's office. (d) Diagnostic tests performed by physical therapists certified by the American Board of Physical Therapy, (e) Specialty exams as furnished by a qualified electrophysiologic clinical specialist and permitted by state law.

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(4) Diagnostic testing performed by the IDTF will be covered, when medical necessity described in appropriate carrier's local medical review policies are met, and when furnished in accordance with other criteria listed and described in this policy as follows:

(A) An IDTF must have one or more supervising physicians who are responsible for the direct and ongoing oversight of the quality of the testing performed, the proper operation and calibration of the equipment used to perform tests, and the qualification of non-physician personnel who use the equipment. This level of supervision is the requirement for general supervision. Each supervising physician, who must be enrolled with Medicare, does not have to be responsible for all of these functions. One supervising physician could be responsible for operation and calibration while other physicians are responsible for the test supervision and assuring qualifications of the non-physician personnel. The basic requirement is that all the supervisory physician functions be properly met at each location, regardless of the number of physicians involved. The physicians involved have to meet only the proficiency standards for the tests they are supervising. See the Appendix and Indications section for physician qualification and levels of supervision required.

Supervisory physicians do not have to be employees of the IDTF. They can be contracted physicians for each location serviced by an IDTF.

The supervisory physician for the IDTF, whether or not for a mobile unit, may not order tests to be performed by the IDTF, unless the supervising physician in question had a relationship with the beneficiary prior to the performance of the testing and is treating the beneficiary for a specific medical problem.

Minimal level of physician supervision, applies to ALL diagnostic tests, with the exceptions cited above, is "general supervision." "General supervision" means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Training of the non-physician personnel who actually perform the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician. See the Appendix and Indications section for CPT code exceptions to the general supervision requirement. Examples include x-ray procedures and standard ECGs.

"Direct supervision" means that the physician must be present in the suite, but not necessarily in the room where the procedure is performed, and immediately available to furnish assistance and direction throughout the performance of the procedure. See the Appendix and Indications section for procedure codes designated with a (2) to denote "direct supervision." Examples could include MRIs, CAT scans, nuclear medicine procedures, procedures in which contrast materials and for x-rays other than skeletal, abdominal or chest types.

"Personal supervision" means a physician must be in attendance in the room during the performance of the procedure. Procedure codes in the Appendix and Indications section designated with a (3) to denote "personal supervision." These could include cardiovascular stress tests, cardiac catheterization, bronchospasm challenges or evaluation and so forth.

(B) The supervising physician must evidence proficiency in the performance and interpretation of each type of diagnostic procedure performed by the IDTF. This may be satisfied by being certified in the appropriate specialty or sub-specialty having completed an approved and related residency or demonstrating appropriate clinical experience acceptable to this carrier to supervise and interpret the specific tests involved.

(C) In the case of a procedure requiring the direct or personal supervision of a physician, the IDTF supervising physician must personally furnish this level of supervision whether the procedure is performed in the IDTF or, in the case of mobile services, at the remote location. These requirements apply to any procedures furnished by the IDTF either in its own facility or in another site (office, clinic and so forth).

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- (D) Any non-physician personnel used by the IDTF to perform tests must demonstrate the basic qualifications to perform the tests in question and have appropriate training and proficiency as evidenced by licensure or certification by the appropriate State health or education department. In the absence of a State licensing board, the technician must be certified by an appropriate national credentialing body approved by the carrier. (See the Appendix and Indications section of this policy.)

Non-physician practitioners may not supervise diagnostic testing performed by others. Audiologists, psychologists and physical therapists, however, may personally perform certain diagnostic tests without physician supervision billing under their own number.

Physician supervision of any type is not required for diagnostic tests performed by nurse practitioners or clinical nurse specialist when they are authorized by the State to perform such tests and the testing is within the scope of their practice. (They must bill under their own number.)

Physician assistants require general physician supervision for the performance of diagnostic tests permitted within the scope of their practice authorized by their state.

- (E) All procedures performed by the IDTF must be specifically ordered in writing by the physician who is treating the beneficiary, that is, the physician who is furnishing a consultation or treating a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. The order must specify the diagnosis or other basis for the testing. The supervising physician for the IDTF may not order tests to be performed by the IDTF, unless the IDTF's supervising physician is in fact the beneficiary's treating physician with a prior relationship to the patient. The IDTF may not add any procedures based on internal protocols without a written order from the treating physician. Podiatrists and optometrists when operating within the scope of their licensure are included as ordering physicians. Chiropractic physicians may not order tests for Medicare beneficiaries under any circumstances. Non-physician practitioners working within state licensure laws may also order tests.
- (F) An IDTF that operates across State boundaries must maintain documentation that its supervising physicians and technicians are licensed and certified in each of the States in which it is furnishing services.
- (G) An IDTF must comply with applicable laws of any State in which it operates.
- (5) The physician and non-physician personnel credentialing requirements are listed in the Appendix and Indications section of this policy. It is required that the supervising physician demonstrates expertise by residency training or sufficient CME training to document mastery of all aspects of the testing. It is also required that the non-physician personnel performing the diagnostic tests be credentialed as evidenced by state or national licensure or certification. This carrier is cognizant that all IDTF applicants may not currently meet the education or credentialing criteria as outlined in this policy. Therefore for existing IDTFs, the carrier will allow up to one year from the policy effective date for the applicable certification/licensure to be obtained or this policy becomes effective unless previous local medical review policies have set certification deadlines. Effective with this policy, all IDTFs applying for a number must meet these requirements before being approved. It is expected once licensure and/or credentialing have been obtained, that documentation be submitted verifying that credentialing requirements have been met.

In addition, the credentialed and/or licensed non-physician personnel must maintain an active status in order for the diagnostic tests to be covered. For all credentialed technologists for whom no credentialing or licensing board is available, it is a requirement that the individual demonstrate proficiency in the service one is performing. This must be documented and verified by the supervising physician.

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- (6) Section 410.329b) of the Code of Federal Regulations, as adopted in the Medicare physician fee schedule final rule of October 31, 1997, requires that diagnostic tests payable under the physician fee schedule, with certain exceptions listed in the regulation, have to be performed under the supervision of an individual meeting the definition of a “physician” in section 1861(r) of the Social Security Act in order to be considered reasonable and necessary and, therefore, covered under Medicare. The basis for the Medicare requirement that physicians supervise diagnostic testing has always been to try to ensure the safety and effectiveness of the diagnostic testing furnished to Medicare beneficiaries. Therefore, the level of physician supervision is also indicated with each test.

### **Reasons for Denial:**

- (1) All services performed for screening purposes, in the absence of known disease, injury or malformed body part, will be denied as non-covered.
- (2) All services not meeting medical necessity requirements identified in the appropriate carrier local medical review policy will be denied.
- (3) Services performed for indications or limitations not identified as acceptable in this policy and furnished without proper physician supervision as defined in this policy will not be approved.
- (4) Services not ordered in writing by the treating physician will be denied.
- (5) All services not documented in the medical record for the HCPCS code(s) billed will also be denied.

### **Noncovered ICD-9-CM Codes:**

Consult appropriate and applicable local medical review policies for covered or non-covered codes for the services to be provided and billed.

### **Sources of Information:**

42CFR, Federal Register of Friday, 10/31/97 and Monday, 11/2/98  
Other carrier policies  
American Association of Electrodiagnostic Technologists  
American Board of Registration of Electroencephalographic and Evoked Potential Technologists, Inc.  
American college of Radiology Standards (1997)  
American Registry of Radiologic Technologists  
American society of Diagnostic Medical Sonographers  
American Speech-Language Hearing Association  
Association of Polysomnographic Technologists  
Board of Certification of the Ophthalmic Photographers’ Society  
Cardiology Credentialing International  
Federal Register, Vol. 62, No. 211, pages 59058-59074 and 59099-59100  
Medical Dosimetrist Certification Board  
National Board of Respiratory Care  
Nuclear Medicine Technology Certification Board

### **Coding Guidelines:**

- (1) These services may be provided in an independent site, a mobile unit but not for services provided in a physician’s office.
- (2) Consult current correct coding guidelines for applicable specific code combinations or reductions in payment due to specific codes billed.
- (3) Each service provided must be properly coded and for the services provided (HCPCS codes) and for the proper indications (appropriate ICD-9-CM codes).

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**Documentation Requirements:**

Medical record documentation must be maintained by the IDTF and include the following information:

- (a) Hard copy documentation of the test results and interpretation; and
- (b) The medical necessity (reason) for performing the diagnostic test(s).
- (c) Evidence of written orders from the referring or treating physician or qualified non-physician for each test performed.

In addition, documentation must be available upon request verifying that the technician performing the service(s) meet(s) the credentialing requirements as outlined in this policy. In the case where the technologist is obtaining the minimum clinical experience required by the credentialing board prior to taking the examination, the documentation must support this rationale, including when the expected training will be completed.

Also, the IDTF must maintain documentation to demonstrate sufficient physician attendance during all hours of operation to assure that the required physician supervision is furnished. In the case of procedures requiring direct supervision, the supervising physician may oversee concurrent procedures.

Documentation must be maintained in the IDTF that the personnel performing the diagnostic test(s) have been adequately trained and demonstrate proficiency in the performance of the service(s). This documentation must contain verification by the supervising physician(s).

**Other Comments:**

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Consult the Appendix and Indications section of this policy for physician and technician qualifications, certifying bodies.

**CAC Notes:**

This policy does not reflect the sole opinion of the carrier or carrier medical director. Although the final decision rests with the carrier, this policy was developed in cooperation with the Carrier Advisory Committee, which includes representatives from all recognized specialties within the state.

The Arkansas consortium combined policy was presented in December, 1999.

**Start Date of Comment:**

November 15, 1999

**Start Date of Notice Period:**

November 2000

**Presented to CAC:**

December 08, 1999

**Original Effective Date:**

December 15, 2000

**Revision Date:**

**Providers' News:**

# **Appendix A: Independent Diagnostic Testing Facilities (IDTF)**

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## **Appendix A**

### **Procedure Code Supervision and Qualification Requirements**

The Table below lists the specific requirements for particular tests. The following information explains the information contained in the columns.

#### **PHYSICIAN QUALIFICATIONS (Column 5)**

This column represents the medical specialties that are accepted as possessing the skill and competence necessary to adequately supervise the tests. Osteopathic or Allopathic Physicians not board certified in that specialty must present additional CME or certification programs specific to the skills involved in performing that test.

#### **TECHNICIAN QUALIFICATIONS (Column 6)**

This column represents the generally accepted national certifications required for that test. State-level training and certification will be accepted as well. The abbreviations listed include:

1. The American Registry of Radiologic Technologists (ARRT) provides credentialing for 3 primary radiologic sciences: radiography, nuclear medicine technology, and radiation therapy technology. Once credentialing is obtained, then a General license is obtained from the state board. A person holding a license may have one or more of the following certifications:
  - General Radiographer: Certified Radiologic Technologist-Radiographer (CRT-R);
  - Radiation Therapy Technologist: Certified Radiologic Technologist-Radiation Therapy (CRT-T);
  - Nuclear Medicine Technologist: Certified Radiologic Technologist-Nuclear Medicine (CRT-N).
2. The American Registry of Diagnostic Medical Sonographers (ARDMS) offers the following credentials:
  - Registered Diagnostic Medical Sonographer (RDMS)
  - Registered Diagnostic Cardiac Sonographer (RDCS)
  - Registered Vascular Technologist (RVT)
  - Registered Ophthalmic Ultrasound Biometrist (ROUB)

The RDMS credential is obtained by a combination of physical principles/ instrumentation in one or more of the following specialty examinations: Abdomen (AB), Neurosonology (NE), Obstetrics/Gynecology (OB/GYN), and Ophthalmology (OP).
3. The Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO) offers the following credentials:
  - Certified Ophthalmic Assistant (COA)
  - Certified Ophthalmic Technician (COT)
  - Certified Ophthalmic Medical Technologist (COMT)
4. Cardiovascular Credentialing International (CCI) offers the following credentials:
  - Certified Cardiographic Technician (CCT)
  - Registered Cardiac Sonographer (RCS)
  - Registered Cardiovascular Invasive Specialist (RCIS)
  - Registered Vascular Specialist (RVS)



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LEVELS OF PHYSICIAN DIAGNOSTIC SUPERVISION (Column 4)

**PHYSICIAN SUPERVISION OF DIAGNOSTIC PROCEDURES**

- 1 = Procedure must be performed under the general supervision of a physician
- 2 = Procedure must be performed under the direct supervision of a physician
- 3 = Procedure must be performed under the personal supervision of a physician
- 4 = Physician supervision policy does not apply when procedure personally furnished by a qualified, independent psychologist or a clinical psychologist; otherwise must be performed under the general supervision of a physician
- 5 = Physician supervision policy does not apply when procedure personally furnished by a qualified audiologist; otherwise must be performed under the general supervision of a physician
- 6 = Procedure must be personally performed by a physician OR a physical therapist who is certified by the American Board of Physical Therapy Specialties (ABPTS) as a qualified electrophysiologic clinical specialist AND is permitted to provide the service under State law
- 7 = Procedure must be personally performed by a physical therapist who is certified by the American Board of Physical Therapy Specialties as a qualified electrophysiologic clinical specialist AND is permitted to provide the service under State law OR performed under the direct supervision of a physician
- 8 = A physician must be available 24 hours a day for immediate consultation, eg., to review a transmission in the case of significant symptom on EKG abnormalities.
- 9 = Medicare physician diagnostic supervision policy does not apply

**FOR CERTAIN CODES WITHIN THE RANGE OF CPT 95860 THROUGH 95937, THE FOLLOWING ADDITIONAL CRITERIA APPLY:**

- NOTE: a All level of supervision standards for the lead number ("6" or "7") apply; in addition, the PT with ABPTS certification may personally supervise another PT but only the PT with ABPTS certification may bill
- 66 May be performed Only by PTs with ABPTS certification AND certification in this specific procedure, or performed personally by the physician
  - 77 PT with ABPTS certification (TC & PC), or direct supervision of physician (TC & PC), or technician with certification and general supervision of physician (TC only; PC physician) procedure
  - 22 May be performed by a technician with on-line real-time contact with physician
  - 21 Procedure may be performed by technician with certification and under general supervision of a physician; otherwise under direct supervision of physician. (TC only; PC always physician)

HCPCS	Mod	Short Description	MD/ DO	MD/DO Qualifications	Technician Qualifications
<b>Urodynamics</b>					
51725	& TC	Simple cystometrogram	2	Urology, Obstetrics/Gynecology	Personally trained Staff
51726	& TC	Complex cystometrogram	2		
51736	& TC	Urine flow measurement	2		
51741	& TC	Electro-urowflowmetry, first	2		
51772	& TC	Urethra pressure profile	2		
51784	& TC	Anal/urinary muscle study	2		

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51785	& TC	Anal/urinary muscle study	3		
51792	& TC	Urinary reflex study	2		
51795	& TC	Urine voiding pressure studies	2		
51797	& TC	Intraabdominal pressure test	2		
G0002		Insertion of Foley Catheter	9		
<b>Male Genital System</b>					
54240	& TC	Penile plethysmography	2	Urology/Pulmonology	Personally trained staff
54250	& TC	Penis study	1		
G0027		Semen analysis	9		
<b>Reservoir/Pump Implantation</b>					
62367	& TC	Analyze spine infusion pump	2	Anesthesiology/Physical	Registered Nurse
62368	& TC	Analyze spine infusion pump	2	Medicine & Rehab/ Neurology/ Pain Mgmt / Oncology	
<b>Diagnostic Radiology</b>					
<b>HEAD AND NECK</b>					
70010	& TC	Contrast x-ray of brain	3	Radiology	Certified Radiological Technologist
70015	& TC	Contrast x-ray of brain	3		
70030	& TC	X-ray eye for foreign body	1		
70100	& TC	X-ray exam of jaw	1		
70110	& TC	X-ray exam of jaw	1		
70120	& TC	X-ray exam of mastoids	1		
70130	& TC	X-ray exam of mastoids	1		
70134	& TC	X-ray exam of middle ear	1		
70140	& TC	X-ray exam of facial bones	1		
70150	& TC	X-ray exam of facial bones	1		
70160	& TC	X-ray exam of nasal bones	1		
70170	& TC	X-ray exam of tear duct	3		
70190	& TC	X-ray exam of eye sockets	1		
70200	& TC	X-ray exam of eye sockets	1		
70210	& TC	X-ray exam of sinuses	1		
70220	& TC	X-ray exam of sinuses	1		
70240	& TC	X-ray exam of pituitary saddle	1		
70250	& TC	X-ray exam of skull	1		
70260	& TC	X-ray exam of skull	1		
70300	& TC	X-ray exam of teeth	1		
70310	& TC	X-ray exam of teeth	1		
70320	& TC	Full mouth x-ray of teeth	1		
70328	& TC	X-ray exam of jaw joint	1	Radiology	Certified Radiological Technologist
70330	& TC	X-ray exam of jaw joints	1		
70332	& TC	X-ray exam of jaw joint	3		
70336	& TC	Magnetic image jaw joint	1		
70350	& TC	X-ray head for orthodontia	1		
70355	& TC	Panoramic x-ray of jaws	1		
70360	& TC	X-ray exam of neck	1		

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70370	& TC	Throat x-ray & fluoroscopy	3	Radiology/ENT	Certified Radiological Technician
70371	& TC	Speech evaluation, complex	3		
70373	& TC	Contrast x-ray of larynx	3		
70380	& TC	X-ray exam of salivary gland	1	Radiology	Certified Radiological Technician Certified Radiological Technician
70390	& TC	X-ray exam of salivary duct	3		
70450	& TC	CAT scan of head or brain	1	Radiology	
70460	& TC	Contrast CAT scan of head	2		
70470	& TC	Contrast CAT scans of head	2		
70480	& TC	CAT scan of skull	1		
70481	& TC	Contrast CAT scan of skull	2		
70482	& TC	Contrast CAT scans of skull	2		
70486	& TC	CAT scan of face, jaw	1		
70487	& TC	Contrast CAT scan, face/jaw	2		
70488	& TC	Contrast CAT scans, face/jaw	2		
70490	& TC	CAT scan of neck tissue	1		
70491	& TC	Contrast CAT of neck tissue	2		
70492	& TC	Contrast CAT of neck tissue	2		
70540	& TC	Magnetic image, face, neck	1		
70541	& TC	Magnetic image, head (MRA)	2		
70551	& TC	Magnetic image, brain (MRI)	1		
70552	& TC	Magnetic image, brain (MRI)	2		
70553	& TC	Magnetic image, brain	2		
<b>CHEST</b>					
71010	& TC	Chest x-ray	1	Radiology	Certified Radiological Technician
71015	& TC	X-ray exam of chest	1		
71020	& TC	Chest x-ray	1		
71021	& TC	Chest x-ray	1		
71022	& TC	Chest x-ray	1		
71023	& TC	Chest x-ray & fluoroscopy	3		
71030	& TC	Chest x-ray	1		
71034	& TC	Chest x-ray & fluoroscopy	3	Radiology	Certified Radiological Technologist
71035	& TC	Chest x-ray	1		
71036	& TC	X-ray guidance for biopsy	3		
71040	& TC	Contrast x-ray of bronchi	3		
71060	& TC	Contrast x-ray of bronchi	3		
71090	& TC	X-ray & pacemaker insertion	3		
71100	& TC	X-ray exam of ribs	1		
71101	& TC	X-ray exam of ribs, chest	1		
71110	& TC	X-ray exam of ribs	1		
71111	& TC	X-ray exam of ribs, chest	1		
71120	& TC	X-ray exam of breastbone	1		
71130	& TC	X-ray exam of breastbone	1		
71250	& TC	CAT scan of chest	1	Radiology	
71260	& TC	Contrast CAT scan of chest	2		

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71270	& TC	Contrast CAT scans of chest	2		
71550	& TC	Magnetic image, chest	1		
71555	& TC	Magnetic imaging/chest (MRA)	9		
<b>SPINE AND PELVIS</b>					
72010	& TC	X-ray exam of spine	1	Radiology/Orthopedics	Certified Radiological Technician
72020	& TC	X-ray exam of spine	1		
72040	& TC	X-ray exam of neck spine	1		
72050	& TC	X-ray exam of neck spine	1		
72052	& TC	X-ray exam of neck spine	1		
72069	& TC	X-ray exam of trunk spine	1		
72070	& TC	X-ray exam of thorax spine	1		
72072	& TC	X-ray exam of thoracic spine	1		
72074	& TC	X-ray exam of thoracic spine	1		
72080	& TC	X-ray exam of trunk spine	1		
72090	& TC	X-ray exam of trunk spine	1		
72100	& TC	X-ray exam of lower spine	1		
72110	& TC	X-ray exam of lower spine	1		
72114	& TC	X-ray exam of lower spine	1		
72120	& TC	X-ray exam of lower spine	1		
72125	& TC	CAT scan of neck spine	1		
72126	& TC	Contrast CAT scan of neck	2		
72127	& TC	Contrast CAT scans of neck	2		
72128	& TC	CAT scan of thorax spine	1		
72129	& TC	Contrast CAT scan of thorax	2		
72130	& TC	Contrast CAT scans of thorax	2		
72131	& TC	CAT scan of lower spine	1		
72132	& TC	Contrast CAT of lower spine	2		
72133	& TC	Contrast CAT scans, low spine	2		
72141	& TC	Magnetic image, neck spine	1		
72142	& TC	Magnetic image, neck spine	2		
72146	& TC	Magnetic image, chest spine	1		
72147	& TC	Magnetic image, chest spine	2		
72148	& TC	Magnetic image, lumbar spine	1		
72149	& TC	Magnetic image, lumbar spine	2		
72156	& TC	Magnetic image, neck spine	2		
72157	& TC	Magnetic image, chest spine	2	Radiology/Orthopedics	Certified Radiological Technician
72158	& TC	Magnetic image, lumbar spine	2		
72159	& TC	Magnetic imaging/spine (MRA)	9		
72170	& TC	X-ray exam of pelvis	1		
72190	& TC	X-ray exam of pelvis	1		
72192	& TC	CAT scan of pelvis	1		
72193	& TC	Contrast CAT scan of pelvis	2		
72194	& TC	Contrast CAT scans of pelvis	2		
72196	& TC	Magnetic image, pelvis	1		
72198	& TC	Magnetic imaging/pelvis (MRA)	9		
72200	& TC	X-ray exam sacroiliac joints	1		

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72202	& TC	X-ray exam sacroiliac joints	1		
72220	& TC	X-ray exam of tailbone	1		
72240	& TC	Contrast x-ray of neck spine	3		
72255	& TC	Contrast x-ray thorax spine	3		
72265	& TC	Contrast x-ray lower spine	3		
72270	& TC	Contrast x-ray of spine	3		
72285	& TC	X-ray of neck spine disk	3		
72295	& TC	X-ray of lower spine disk	3		
<b>UPPER EXTREMITIES</b>					
73000	& TC	X-ray exam of collarbone	1	Radiology/Orthopedics	Certified Radiological Technician
73010	& TC	X-ray exam of shoulder blade	1		
73020	& TC	X-ray exam of shoulder	1		
73030	& TC	X-ray exam of shoulder	1		
73040	& TC	Contrast x-ray of shoulder	3		
73050	& TC	X-ray exam of shoulders	1	Radiology/Orthopedics	Certified Radiological Technician
73060	& TC	X-ray exam of humerus	1		
73070	& TC	X-ray exam of elbow	1		
73080	& TC	X-ray exam of elbow	1		
73085	& TC	Contrast x-ray of elbow	3		
73090	& TC	X-ray exam of forearm	1		
73092	& TC	X-ray exam of arm, infant	1		
73100	& TC	X-ray exam of wrist	1		
73110	& TC	X-ray exam of wrist	1		
73115	& TC	Contrast x-ray of wrist	3		
73120	& TC	X-ray exam of hand	1		
73130	& TC	X-ray exam of hand	1		
73140	& TC	X-ray exam of finger(s)	1	Radiology/Orthopedics	Certified Radiological Technician
73200	& TC	CAT scan of arm	1		
73201	& TC	Contrast CAT scan of arm	2		
73202	& TC	Contrast CAT scans of arm	2		
73220	& TC	Magnetic image, arm, hand	1		
73221	& TC	Magnetic image, joint of arm	1		
73225	& TC	Magnetic imaging/upper (MRA)	9		
<b>LOWER EXTREMITIES</b>					
73500	& TC	X-ray exam of hip	1	Radiology/Orthopedics	Certified Radiological Technician
73510	& TC	X-ray exam of hip	1		
73520	& TC	X-ray exam of hips	1		
73525	& TC	Contrast x-ray of hip	3		
73530	& TC	X-ray exam of hip	9		
73540	& TC	X-ray exam of pelvis & hips	1		
73550	& TC	X-ray exam of thigh	1		
73560	& TC	X-ray exam of knee, 1 or 2	1		
73562	& TC	X-ray exam of knee, 3	1		
73564	& TC	X-ray exam of knee, 4+	1		
73565	& TC	X-ray exam of knee	1		
73580	& TC	Contrast x-ray of knee joint	3		

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73590	& TC	X-ray exam of lower leg	1	Radiology/Orthopedics	Certified Radiological Technician		
73592	& TC	X-ray exam of leg, infant	1				
73600	& TC	X-ray exam of ankle	1				
73610	& TC	X-ray exam of ankle	1				
73615	& TC	Contrast x-ray of ankle	3				
73620	& TC	X-ray exam of foot	1				
73630	& TC	X-ray exam of foot	1				
73650	& TC	X-ray exam of heel	1				
73660	& TC	X-ray exam of toe(s)	1				
73700	& TC	CAT scan of leg	1				
73701	& TC	Contrast CAT scan of leg	2				
73702	& TC	Contrast CAT scans of leg	2				
73720	& TC	Magnetic image, leg, foot	1				
73721	& TC	Magnetic image, joint of leg	1				
73725	& TC	Magnetic imaging/lower (MRA)	2			Radiology	
<b>ABDOMEN</b>							
74000	& TC	X-ray exam of abdomen	1	Radiology	Certified Radiological Technician		
74010	& TC	X-ray exam of abdomen	1				
74020	& TC	X-ray exam of abdomen	1				
74022	& TC	X-ray exam series, abdomen	1				
74150	& TC	CAT scan of abdomen	1				
74160	& TC	Contrast CAT scan of abdomen	2				
74170	& TC	Contrast CAT scans, abdomen	2				
74181	& TC	Magnetic image, abdomen (MRI)	1				
74185	& TC	Magnetic image/abdomen (MRA)	9				
74190	& TC	X-ray exam of peritoneum	3				
<b>GASTROINTESTINAL TRACT</b>							
74210	& TC	Contrast x-ray exam of throat	3	Radiology	Certified Radiological Technician		
74220	& TC	Contrast x-ray exam, esophagus	3				
74230	& TC	Swallowing function	3				
74235	& TC	Remove esophageal foreign body	3				
74240	& TC	X-ray exam upper GI tract	3				
74241	& TC	X-ray exam upper GI tract	3				
74245	& TC	X-ray exam upper GI tract	3				
74246	& TC	Contrast x-ray upper GI tract	3				
74247	& TC	Contrast x-ray upper GI tract	3				
74249	& TC	Contrast x-ray upper GI tract	3				
74250	& TC	X-ray exam of small bowel	2				
74251	& TC	X-ray exam of small bowel	3				
74260	& TC	X-ray exam of small bowel	3				
74270	& TC	Contrast x-ray exam of colon	3			Radiology	Certified Radiological Technician
74280	& TC	Contrast x-ray exam of colon	3				
74283	& TC	Therapeutic enema	3				
74290	& TC	Contrast x-ray, gallbladder	2				
74291	& TC	Contrast x-rays, gallbladder	2				

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74300	& TC	Cholangiography and/or pancreatography	3	Radiology	Certified Radiological Technician		
74301	& TC	Cholangiography and/or pancreatography	3				
74305	& TC	Cholangiography and/or pancreatography	3				
74320	& TC	Contrast x-ray of bile ducts	3				
74327	& TC	Postoperative biliary duct stone removal	3				
74328	& TC	X-ray for bile duct endoscopy	3				
74329	& TC	X-ray for pancreas endoscopy	3				
74330	& TC	X-ray, bile/pancrease endoscopy	3				
74340	& TC	Introduction of long gastrointestinal tube	3				
74350	& TC	Percutaneous placement of gastrostomy tube	3				
74355	& TC	Percutaneous placement of enteroclysis tube	3				
74360	& TC	Intraluminal dilation of strictures	3				
74363	& TC	Percutaneous transhepatic dilatation of biliary	3				
G0026		Fecal leucocyte examination	9			BBA '97	
G0104		Colorectal cancer screening	9				
G0105		Colorectal cancer screening	9				
G0106	& TC	Colorectal cancer screening	3				
<b>URINARY TRACT</b>							
74400	& TC	Contrast x-ray urinary tract	2	Radiology/Urology	Certified Radiological Technician		
74410	& TC	Contrast x-ray urinary tract	2				
74415	& TC	Contrast x-ray urinary tract	2				
74420	& TC	Contrast x-ray urinary tract	3				
74425	& TC	Contrast x-ray urinary tract	3				
74430	& TC	Contrast x-ray of bladder	3				
74440	& TC	X-ray exam male genital tract	3				
74445	& TC	X-ray exam of penis	3				
74450	& TC	X-ray exam urethra/bladder	3			Radiology/Urology	Certified Radiological Technician
74455	& TC	X-ray exam urethra/bladder	3				
74470	& TC	X-ray exam of kidney lesion	3				
74475	& TC	X-ray control catheter insert	3				
74480	& TC	X-ray control catheter insert	3				
74485	& TC	Dilation of nephrostomy, ureters, or urethra	3				
<b>GYNECOLOGICAL AND OBSTETRICAL</b>							
59025	&TC	Fetal non-stress test	1	Radiology/Ob/Gyn	Certified Radiological Technician		
74710	& TC	X-ray measurement of pelvis	1				
74740	& TC	X-ray female genital tract	3				
74742	& TC	X-ray fallopian tube	3				

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74775	& TC	X-ray exam of perineum	3				
G0101		Pelvic exam	9				
P3001		Pap smear	9				
Q0091		Pap smear transport	1				
<b>HEART</b>							
75552	& TC	Magnetic image, myocardium	1	Radiology/Cardiology	Certified Radiological Technician		
75553	& TC	Magnetic image, myocardium	2				
75554	& TC	Cardiac MRI/function	1				
75555	& TC	Cardiac MRI/limited study	1				
75556		Cardiac MRI/velocity flow mapping	9				
<b>AORTA AND ARTERIES</b>							
75600	& TC	Contrast x-ray exam of aorta	3	Radiology/Cardiology	Certified Radiologic Technician		
75605	& TC	Contrast x-ray exam of aorta	3				
75625	& TC	Contrast x-ray exam of aorta	3				
75630	& TC	X-ray aorta, leg arteries	3	Radiology /Vascular Surgery			
75650	& TC	Artery x-rays, head & neck	3				
75658	& TC	X-ray exam of arm arteries	3				
75660	& TC	Artery x-rays, head & neck	3				
75662	& TC	Artery x-rays, head & neck	3				
75665	& TC	Artery x-rays, head & neck	3				
75671	& TC	Artery x-rays, head & neck	3				
75676	& TC	Artery x-rays, neck	3				
75680	& TC	Artery x-rays, neck	3			Radiology/ Vascular Surgery	Certified Radiologic Technician
75685	& TC	Artery x-rays, spine	3				
75705	& TC	Artery x-rays, spine	3				
75710	& TC	Artery x-rays, arm/leg	3				
75716	& TC	Artery x-rays, arms/legs	3				
75722	& TC	Artery x-rays, kidney	3				
75724	& TC	Artery x-rays, kidneys	3				
75726	& TC	Artery x-rays, abdomen	3				
75731	& TC	Artery x-rays, adrenal gland	3				
75733	& TC	Artery x-rays, adrenal glands	3				
75736	& TC	Artery x-rays, pelvis	3				
75741	& TC	Artery x-rays, lung	3				
75743	& TC	Artery x-rays, lungs	3				
75746	& TC	Artery x-rays, lung	3				
75756	& TC	Artery x-rays, chest	3				
75774	& TC	Artery x-ray, each vessel	3				
75790	& TC	Visualize A-V shunt	3				
<b>VEINS AND LYMPHATICS</b>							
75801	& TC	Lymph vessel x-ray, arm/leg	3	Radiology	Certified Radiologic Technician		
75803	& TC	Lymph vessel x-ray, arms/legs	3				
75805	& TC	Lymph vessel x-ray, trunk	3				
75807	& TC	Lymph vessel x-ray, trunk	3				
75809	& TC	Nonvascular shunt, x-ray	3				



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75810	& TC	Vein x-ray, spleen/liver	3	Radiology	Certified Radiologic Technician
75820	& TC	Vein x-ray, arm/leg	3		
75822	& TC	Vein x-ray, arms/legs	3		
75825	& TC	Vein x-ray, trunk	3		
75827	& TC	Vein x-ray, chest	3		
75831	& TC	Vein x-ray, kidney	3		
75833	& TC	Vein x-ray, kidneys	3		
75840	& TC	Vein x-ray, adrenal gland	3		
75842	& TC	Vein x-ray, adrenal glands	3		
75860	& TC	Vein x-ray, neck	3		
75870	& TC	Vein x-ray, skull	3		
75872	& TC	Vein x-ray, skull	3		
75880	& TC	Vein x-ray, eye socket	3		
75885	& TC	Vein x-ray, liver	3		
75887	& TC	Vein x-ray, liver	3		
75889	& TC	Vein x-ray, liver	3		
75891	& TC	Vein x-ray, liver	3		
75893	& TC	Venous sampling by catheter	3		
<b>TRANSCATHETER PROCEDURES</b>					
75898	& TC	Angiogram through existing catheter	3	Radiology	Certified Radiologic Technician
75945	& TC	Intravascular ultrasound (non-coronary vessel)	3		
75946	& TC	Intravascular ultrasound (non-coronary vessel)	3		
75970	& TC	Transcatheter biopsy	3		
<b>OTHER PROCEDURES</b>					
76000	& TC	Fluoroscope examination	3	Multiple	Certified Radiologic Technician
76001	& TC	Fluoroscope exam, extensive	3		
76003	& TC	Needle localization by x-ray	3		
76006		X-ray, stress view	9	Radiology	Certified Radiologic Technician
76010	& TC	X-ray, nose to rectum	1		
76020	& TC	X-rays for bone age	1		
76040	& TC	X-rays, bone evaluation	1		
76061	& TC	X-rays, bone survey	1		
76062	& TC	X-rays, bone survey	1		
76065	& TC	X-rays, bone evaluation	1		
76066	& TC	Joint(s) survey, single film	1		
76070	& TC	CT scan, bone density study	1		
76075	& TC	Dual energy x-ray study	1		
76076	& TC	Dual energy x-ray study	1		
76078	& TC	Photodensitometry	1		
76080	& TC	X-ray exam of fistula	3	Radiology/Surgery	Certified Radiological Technician
76086	& TC	X-ray of mammary duct	3		

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76088	& TC	X-ray of mammary ducts	3	Radiology/Surgery	Certified Radiological Technician
76090	& TC	Mammogram, one breast	9		
76091	& TC	Mammogram, both breasts	9		
76092		Mammogram, screening	9		
76093	& TC	Magnetic image, breast	2		
76094	& TC	Magnetic image, both breasts	2		
76095	& TC	Stereotactic breast biopsy	3		
76096	& TC	X-ray of needle wire, breast	3		
76098	& TC	X-ray exam, breast specimen	1		
76100	& TC	X-ray exam of body section	2		
76101	& TC	Complex body section x-ray	2		
76102	& TC	Complex body section x-rays	2		
76120	& TC	Cinematic x-rays	2		
76125	& TC	Cinematic x-rays add-on	2		
76140		X-ray consultation	9		
76150		X-ray exam, dry process	1		
76350		Special x-ray contrast study	2		
76355	& TC	CAT scan for localization	3		
76360	& TC	CAT scan for needle biopsy	3		
76365	& TC	CAT scan for cyst aspiration	3		
76370	& TC	CAT scan for therapy guide	2		
76375	& TC	3d/holograph reconstr add-on	1		
76380	& TC	CAT scan follow-up study	1		
76390	& TC	Mr spectroscopy	9		
76400	& TC	Magnetic image, bone marrow	1		
76499	& TC	Unlisted diagnostic radiologic procedure	9		
G0001		Vein stick	9		
G0130	& TC	Single energy x-ray absorptiometry	1	Multiple	
G0131	& TC	Bone density, axial skeleton	1		
G0132	& TC	Bone density, appendicular skeleton	1		
G0163	& TC	PET Scan	1	Radiology	
G0164	& TC	PET Scan	1		
G0165	& TC	PET Scan	1		
<b>DIAGNOSTIC ULTRASOUND</b>					
<b>HEAD AND NECK</b>					
76506	& TC	Echo exam of head	2	Radiology	RDMS: Neurosonology
76511	& TC	Echo exam of eye	2	Ophthalmology/Optometry	ROUB, JCAHPO: COA, COMT
76512	& TC	Echo exam of eye	2		
76513	& TC	Echo exam of eye, water bath	2		
76516	& TC	Echo exam of eye	2		
76519	& TC	Echo exam of eye	2		
76529	& TC	Echo exam of eye	2		

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76536	& TC	Echo exam of head and neck	2	Radiology	ARDMS: RDMS- Abdomen		
<b>CHEST</b>							
76604	& TC	Echo exam of chest	2	Radiology	ARDMS: RDMS- Abdomen		
76645	& TC	Echo exam of breast	2				
<b>ABDOMEN AND RETROPERITONEUM</b>							
76700	& TC	Echo exam of abdomen	2	Radiology	ARDMS: RDMS- Abdomen		
76705	& TC	Echo exam of abdomen	2				
76770	& TC	Echo exam abdomen back wall	2				
76775	& TC	Echo exam abdomen back wall	2				
76778	& TC	Echo exam kidney transplant	2				
<b>SPINAL CORD</b>							
76800	& TC	Echo exam spinal canal	2	Radiology	ARDMS: Neurosonology		
<b>PELVIS</b>							
76805	& TC	Echo exam of pregnant uterus	2	Radiology/OB & GYN	ARDMS: RDMS Obstetrics & Gynecology		
76810	& TC	Echo exam of pregnant uterus	2				
76815	& TC	Echo exam of pregnant uterus	2				
76816	& TC	Echo exam follow-up or repeat	2				
76818	& TC	Fetal biophysical profile	2				
76825	& TC	Echo exam of fetal heart	2				
76826	& TC	Echo exam of fetal heart	2			Radiology/OB & GYN	ARDMS: RDMS- Obstetrics & Gynecology
76827	& TC	Echo exam of fetal heart	2				
76828	& TC	Echo exam of fetal heart	2				
76830	& TC	Echo exam, transvaginal	2				
76831	& TC	Echo exam, uterus	3				
76856	& TC	Echo exam of pelvis	2				
76857	& TC	Echo exam of pelvis	2				
76870	& TC	Echo exam of scrotum	2	Radiology/Urology	ARDMS: RDMS- Abdomen		
76872	& TC	Echo exam, transrectal	3	Radiology/OB&GYN	ARDMS: RDMS- Abdomen		
G0050		Post Voiding urine	1	/Urology			
<b>EXTREMITIES</b>							
76880	& TC	Echo exam of extremity	2	Radiology	ARDMS: Abdomen		
76885	& TC	Echo exams - infant hips	1				
76886	& TC	Echo exams - infant hips	1				
<b>VASCULAR STUDIES</b>							
<b>ULTRASONIC GUIDANCE PROCEDURES</b>							

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76930	& TC	US guidance for pericardiocentesis	3		
76932	& TC	US for endomyocardial biopsy	3	Radiology/Cardiology	Certified Radiologic
76934	& TC		3		
76936	& TC	US arterial pseudo-aneurysm/arteriovenous fist	3	Radiology/Vascular Surgery	Technician
76938	& TC		3		
76941	& TC		3		
76942	& TC	Ultrasonic guidance for needle biopsy	3	Radiology	
74945	& TC	Ultrasonic guidance for chorionic villus sampling	3		
76946	& TC	Ultrasonic guidance for amniocentesis	3		
76948	& TC	US guidance for aspiration of ova	3		
76950	& TC	Echography for placement of radiation therapy fields	2		
76960	& TC	US guidance for placement of radiation therapy fields	2		
76965	& TC	US guidance for interstitial radioelement application	3		
<b>OTHER PROCEDURES</b>					
76970	& TC	Ultrasound exam follow-up	9	Multiple	ARDMS: RDMS-Any
76975	& TC	Gastrointestinal endoscopic US	3		
76977	& TC	US bone density measure	1	Multiple	Multiple
77417		Therapeutic radiology port film(s)	1	Radiology	
<b>DIAGNOSTIC NUCLEAR MEDICINE</b>					
<b>ENDOCRINE SYSTEM</b>					
78000	& TC	Thyroid, single uptake	2	Nuclear Medicine/ Radiology	Nuclear Medicine Technologist
78001	& TC	Thyroid, multiple uptakes	2		
78003	& TC	Thyroid suppress/stimul	2		
78006	& TC	Thyroid, imaging with uptake	2		
78007	& TC	Thyroid, image, mult uptakes	2		
78010	& TC	Thyroid imaging	2		
78011	& TC	Thyroid imaging with flow	2		
78015	& TC	Thyroid met imaging	2	Nuclear Medicine/ Radiology	Nuclear Medicine Technologist
78016	& TC	Thyroid met imaging/studies	2		
78018	& TC	Thyroid, met imaging, body	2		
78020		Thyroid met imaging, uptake	9		
78070	& TC	Parathyroid nuclear imaging	2		
78075	& TC	Adrenal nuclear imaging	2		
78099	& TC	Unlisted endocrine procedure	9		
<b>HEMATOPOIETIC, RETICULOENDOTHELIAL, AND LYMPHATIC SYSTEM</b>					
78102	& TC	Bone marrow imaging, ltd	2	Nuclear Medicine/ Radiology	Nuclear Medicine Technologist
78103	& TC	Bone marrow imaging, mult	2		

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78104	& TC	Bone marrow imaging, body	2	Nuclear Medicine/ Radiology	Nuclear Medicine Technologist		
78110	& TC	Plasma volume, single	2				
78111	& TC	Plasma volume, multiple	2				
78120	& TC	Red cell mass, single	2				
78121	& TC	Red cell mass, multiple	2				
78122	& TC	Blood volume	2				
78130	& TC	Red cell survival study	2				
78135	& TC	Red cell survival kinetics	2				
78140	& TC	Red cell sequestration	2				
78160	& TC	Plasma iron turnover	2				
78162	& TC	Iron absorption exam	2				
78170	& TC	Red cell iron utilization	2				
78172	& TC	Total body iron estimation	2				
78185	& TC	Spleen imaging	2				
78190	& TC	Platelet survival, kinetics	2				
78191	& TC	Platelet survival	2				
78195	& TC	Lymph system imaging	2				
78199	& TC	Unlisted hematopoietic, reticulo- endothelial, and lymphatic procedure	9				
<b>GASTROINTESTINAL SYSTEM</b>							
78201	& TC	Liver imaging	2	Nuclear Medicine/ Radiology	Nuclear Medicine Technologist		
78202	& TC	Liver imaging with flow	2				
78205	& TC	Liver imaging (3D)	2				
78206	& TC	Liver image (3-d) w/flow	1				
78215	& TC	Liver and spleen imaging	2				
78216	& TC	Liver and spleen image, flow	2				
78220	& TC	Liver function study	2				
78223	& TC	Hepatobiliary imaging	2				
78230	& TC	Salivary gland imaging	2				
78231	& TC	Serial salivary imaging	2			Nuclear Medicine/ Radiology	Nuclear Medicine Technologist
78232	& TC	Salivary gland function exam	2				
78258	& TC	Esophageal motility study	2				
78261	& TC	Gastric mucosa imaging	2				
78262	& TC	Gastroesophageal reflux exam	2				
78264	& TC	Gastric emptying study	2				
78270	& TC	Vit B-12 absorption exam	2				
78271	& TC	Vit B-12 absorp exam, IF	2				
78272	& TC	Vit B-12 absorp, combined	2				
78278	& TC	Acute GI blood loss imaging	2				
78282	& TC	GI protein loss exam	2				
78290	& TC	Meckel's divert exam	2				
78291	& TC	Peritoneal-venous shunt patency test	2				
78299	& TC	Unlisted gastrointestinal procedure	9				

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<b>MUSCULOSKELETAL SYSTEM</b>							
78300	& TC	Bone imaging, limited area	2	Nuclear Medicine/ Radiology	Nuclear Medicine Technologist		
78305	& TC	Bone imaging, multiple areas	2				
78306	& TC	Bone imaging, whole body	2				
78315	& TC	Bone imaging, 3 phase	2				
78320	& TC	Bone imaging (3D)	2				
78350	& TC	Bone mineral, single photon	2				
78351		Bone density study	9	Multiple			
78399	& TC	Unlisted musculoskeletal procedure	9				
<b>CARDIOVASCULAR SYSTEM</b>							
78414	& TC	Non-imaging heart function	2	Radiology/Cardiology	Nuclear Medicine Technologist Certified Radiological Technician		
78428	& TC	Cardiac shunt imaging	2				
78445	& TC	Vascular flow imaging	2				
78455	& TC	Venous thrombosis study	2				
78457	& TC	Venous thrombosis imaging	2				
78458	& TC	Ven thrombosis images, bilat	2				
78459	& TC	Heart muscle imaging (PET)	9				
78460	& TC	Heart muscle blood single	2				
78461	& TC	Heart muscle blood multiple	2				
78464	& TC	Heart image (3D) single	2				
78465	& TC	Heart image (3D) multiple	2				
78466	& TC	Heart infarct image	2				
78468	& TC	Heart infarct image, EF	2				
78469	& TC	Heart infarct image (3D)	2				
78472	& TC	Gated heart, planar single	2			Radiology/Cardiology	Nuclear Medicine Technologist Certified Radiological Technician
78473	& TC	Gated heart, multiple	2				
78478	& TC	Heart wall motion add-on	2				
78480	& TC	Heart function add-on	2				
78481	& TC	Heart first pass single	2				
78483	& TC	Heart first pass multiple	2				
78491		Heart image (PET) single	9				
78492		Heart image (PET) multiple	9				
78494	& TC	Heart image, SPECT	2				
78496	& TC	Heart first pass add-on	2				
78499	& TC	Unlisted cardiovascular procedure	9				
G0030	& TC	PET imaging prev PET single	1	Radiology			
G0031	& TC	PET imaging prev PET multiple	1				
G0032	& TC	PET following SPECT 78464 single	1	Radiology	Certified Radiological Technician		
G0033	& TC	PET following SPECT 78464 multiple	1				
G0034	& TC	PET following SPECT 78465 single	1				

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G0035	& TC	PET following SPECT 78465 multiple	1		
G0036	& TC	PET follow cornry angio sing	1		
G0037	& TC	PET follow cornry angio mult	1		
G0038	& TC	PET follow myocard perf sing	1		
G0039	& TC	PET follow myocard perf mult	1		
G0040	& TC	PET follow stress echo singl	1		
G0041	& TC	PET follow stress echo mult	1		
G0042	& TC	PET follow ventriculogm sing	1		
G0043	& TC	PET follow ventriculogm mult	1		
G0044	& TC	PET following rest ECG singl	1		
G0045	& TC	PET following rest ECG mult	1		
G0046	& TC	PET follow stress ECG singl	1		
G0047	& TC	PET follow stress ECG mult	1		
<b>RESPIRATORY SYSTEM</b>					
78580	& TC	Lung perfusion imaging	2	Nuclear Medicine/ Radiology/Pulmonology	Nuclear Medicine Technologist
78584	& TC	Lung V/Q image single breath	2		
78585	& TC	Lung V/Q imaging	2		
78586	& TC	Aerosol lung image, single	2		
78587	& TC	Aerosol lung image, multiple	2		
78588	& TC	Perfusion lung image	2		
78591	& TC	Vent image, 1 breath, 1 proj	2		
78593	& TC	Vent image, 1 proj, gas	2		
78594	& TC	Vent image, mult proj, gas	2	Nuclear Medicine/ Radiology/Pulmonology	Nuclear Medicine Technologist
78596	& TC	Lung differential function	2		
78599	& TC	Unlisted respiratory procedure	9		
G0125	& TC	PET lung imaging of solitary pulmonary nodules	1		
G0126	& TC	PET lung imaging of solitary pulmonary nodules	1		
<b>NERVOUS SYSTEM</b>					
78600	& TC	Brain imaging, ltd static	2	Nuclear Medicine/ Radiology	Nuclear Medicine Technologist
78601	& TC	Brain ltd imaging & flow	2		
78605	& TC	Brain imaging, complete	2		
78606	& TC	Brain imaging comp & flow	2		
78607	& TC	Brain imaging (3D)	2		
78608		PET imaging, brain	9		
78609		PET imaging, brain perfusion	9	Nuclear Medicine/ Radiology	Nuclear Medicine Technologist
78610	& TC	Brain flow imaging only	2		
78615	& TC	Cerebral blood flow imaging	2		
78630	& TC	Cerebrospinal fluid scan	2		
78635	& TC	CSF ventriculography	2		
78645	& TC	CSF shunt evaluation	2		
78647	& TC	Cerebrospinal fluid scan	2		
78650	& TC	CSF leakage imaging	2		
78660	& TC	Nuclear exam of tear flow	2		

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78699	& TC	Unlisted nervous system procedure	9		
<b>GENITOURINARY SYSTEM</b>					
78700	& TC	Kidney imaging, static	2	Nuclear Medicine/ Radiology/Neurosurgery	Nuclear Medicine Technologist
78701	& TC	Kidney imaging with flow	2		
78704	& TC	Imaging renogram	2		
78707	& TC	Kidney flow & function image	2		
78708	& TC	Kidney flow & function image	2		
78709	& TC	Kidney flow & function image	2		
78710	& TC	Kidney imaging (3D)	2		
78715	& TC	Renal vascular flow exam	2		
78725	& TC	Kidney function study	2		
78730	& TC	Urinary bladder retention	2		
78740	& TC	Ureteral reflux study	2		
78760	& TC	Testicular imaging	2		
78761	& TC	Testicular imaging & flow	2		
78799	& TC	Unlisted genitourinary procedure	9		
<b>OTHER DIAGNOSTIC NUCLEAR MEDICINE PROCEDURES</b>					
78800	& TC	Tumor imaging, limited area	2	Nuclear Medicine/ Radiology	Nuclear Medicine Technologist
78801	& TC	Tumor imaging, mult areas	2		
78802	& TC	Tumor imaging, whole body	2		
78803	& TC	Tumor imaging (3D)	2		
78805	& TC	Abscess imaging, ltd area	2		
78806	& TC	Abscess imaging, whole body	2		
78807	& TC	Nuclear localization/abscess	2		
78810	& TC	Tumor imaging (PET)	9		
78891	& TC	Nuclear med data proc	9		
78990		Diagnostic radiopharmaceutical(s),	9		
78999	& TC	Unlisted miscellaneous procedure	9		
<b>MEDICINE</b>					
<b>GASTROINTESTINAL</b>					
91000	& TC	Esophageal intubation	3	Gastroenterology	Personally trained staff
91010	& TC	Esophagus motility study	3		
91011	& TC	Esophagus motility study	3		
91012	& TC	Esophagus motility study	3		
91020	& TC	Gastric motility	3		
91030	& TC	Acid perfusion of esophagus	3		
91032	& TC	Esophagus, acid reflux test	3		
91033	& TC	Prolonged acid reflux test	3		
91052	& TC	Gastric analysis test	3		
91055	& TC	Gastric intubation for smear	3		
91060	& TC	Gastric saline load test	3		
91065	& TC	Breath hydrogen test	1		
91100		Intestinal bleeding tube	9		
91105		Gastric intubation	9		



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91122	& TC	Anal pressure record	3	Gastroenterology/ Colorectal surgery	RN/*Personally trained staff
<b>SPECIAL OPHTHALMOLOGICAL SERVICES</b>					
92015		Determination of refractive state	9		
92081	& TC	Visual field examination(s)	1		
92082	& TC	Visual field examination(s)	1		
92083	& TC	Visual field examination(s)	1		
92100		Serial tonometry	9	Ophthalmology/ Optometry	
92120		Tonography with interpretation	9		
92130		Tonography with provocation	9		
92135	& TC	Ophthalmic dx imaging	1		
92140		Provocative test for glaucoma	9		
92230		Fluorescein angiography	9		
92235	& TC	Fluorescein ang. with interp	2	Ophthalmology	
92240	& TC	ICG angiography	2		
92250	& TC	Eye exam with photos	2	Ophthalmology/Optometry	
92260		Ophthalmodynamometry	9		
<b>OTHER SPECIALIZED SERVICES</b>					
92265	& TC	Eye muscle evaluation	3	Ophthalmology/ Neurology/Optometry	Ophthalmic Technician or RN
92270	& TC	Electro-oculography	3		
92275	& TC	Electroretinography	3		
92283	& TC	Color vision examination	1	Ophthalmology/ Optometry	Ophthalmic Assistant/ Technician
92284	& TC	Dark adaptation eye exam	3		
92285	& TC	Eye photography	2		
92286	& TC	Internal eye photography	3	Ophthalmology/Optometry	
92287		Internal eye photography	9		
<b>SPECIAL OTORHINOLARYNGOLOGIC SERVICES</b>					
92504		Binocular microscopy	9	Otolaryngology	
92506		Speech & hearing evaluation	9		
92507		Speech/hearing therapy	9		
92508		Speech/hearing therapy	9		
92511		Nasopharyngoscopy	9		
92512		Nasal function studies	9		
92516		Facial nerve function test	9		
92520		Laryngeal function studies	9		
92525		Oral function evaluation	9		
92526		Oral function therapy	9		
V5362		Speech screening	9		
V5363		Language screening	2		
V5364		Dysphagia screening	2		
<b>VESTIBULAR FUNCTION TESTS WITH OBSERVATION</b>					
92531		Spontaneous nystagmus study	9	Otolaryngology	
92532		Positional nystagmus study	9		
92533		Caloric vestibular study	9		
92534		Optokinetic nystagmus study	9		
<b>VESTIBULAR FUNCTION TESTS WITH RECORDING</b>					
92541	& TC	Spontaneous nystagmus test	2	Otolaryngology/ Audiologist/	Audiologist/

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92542	& TC	Positional nystagmus test	2	Neurology	Personally trained assistant
92543	& TC	Caloric vestibular test	2		
92544	& TC	Optokinetic nystagmus test	2		
92545	& TC	Oscillating tracking test	2		
92546	& TC	Sinusoidal rotational test	2	Otolaryngology/	Audiologist/ Personally trained
92547		Supplemental electrical test	2	Neurology	
92548	& TC	Computerized dynamic posturography	2		assistant
<b>AUDIOLOGIC FUNCTION TESTS</b>					
92551		Screening test, pure tone, air only	9	Otolaryngologist	Audiologist/ Personally trained assistant
92552		Pure tone audiometry, air	5		
92553		Audiometry, air & bone	5		
92555		Speech threshold audiometry	5		
92556		Speech audiometry, complete	5		
92557		Comprehensive hearing test	5		
92559		Audiometric testing of groups	9		
92560		Bekesy audiometry; screening	9		
92561		Bekesy audiometry, diagnosis	5		
92562		Loudness balance test	5		
92563		Tone decay hearing test	5		
92564		SISI hearing test	5		
92565		Stenger test, pure tone	5		
92567		Tympanometry	5	Otolaryngologist	
92568		Acoustic reflex testing	5		Audiologist/ Personally trained assistant
92569		Acoustic reflex decay test	5		
92571		Filtered speech hearing test	5		
92572		Staggered spondaic word test	5		
92573		Lombard test	5		
92575		Sensorineural acuity test	5	Otolaryngologist	Audiologist/ Personally trained assistant
92576		Synthetic sentence test	5		
92577		Stenger test, speech	5		
92579		Visual audiometry (VRA)	5		
92582		Conditioning play audiometry	5		
92583		Select picture audiometry	5		
92584		Electrocochleography	5		
92585	& TC	Auditory evoked potential	5	Neurology/Otolaryngology	Audiologist/RN
92587	& TC	Evoked auditory test	5	Otolaryngology	Audiologist or Personally trained assistant
92588	& TC	Evoked auditory test	5		
92589		Auditory function test(s)	5		assistant
92590		Hearing aid exam, one ear	9	Neurology/Otolaryngology	Audiologist/RN
92591		Hearing aid exam, both ears	9	Otolaryngology	Audiologist or
92592		Hearing aid check, one ear	9		Personally trained
92593		Hearing aid check, both ears	9		assistant

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92594		Electro hearing aid test, one	9		
92595		Electro hearing aid test, both	9		
92596		Ear protector evaluation	5		
92597		Fitting of voice prosthetic	9		
92598		Modification of voice prosthetic	9		
<b>CARDIOGRAPHY</b>					
93000		Electrocardiogram, complete	1	Internal Medicine/ Cardiologist	CCI: CCT, RN
93005		Electrocardiogram, tracing	1		
93010		Electrocardiogram interpretation	9		
93012		Telephonic transmission	1		
93014		Report on transmitted ECG	9		
93015		Cardiovascular stress test	3	Cardiology/Internal Medicine/ ACLS certified	RN
93016		Cardiovascular stress test	3		
93017		Cardiovascular stress test	3		
93018		Cardiovascular stress test	9		
93024	& TC	Cardiac drug stress test	3		
93040		Rhythm ECG with report	1	Cardiology/Internal Medicine	CCI: CCT, RN
93041		Rhythm ECG, tracing	1		
93042		Rhythm ECG, report	9		
93224		ECG monitor/report, 24 hrs	1	Cardiology/Internal Medicine	CCI: CCT, RN
93225		ECG monitor/report, 24 hrs	1		
93226		ECG monitor/report, 24 hrs	1		
93227		ECG monitor/report, 24 hrs	9		
93230		ECG monitor/report, 24 hrs	1		
93231		ECG monitor/report, 24 hrs	1		
93232		ECG monitor/report, 24 hrs	9		
93233		ECG monitor/report, 24 hrs	9		
93235		ECG monitor/report, 24 hrs	1		
93236		ECG monitor/report, 24 hrs	1		
93237		ECG monitor/report, 24 hrs	9		
93268		ECG record/review	1		
93270		ECG recording	1		
93271		ECG/monitoring and analysis	1	Cardiology	
93272		ECG/review, interpret only	9		
93278	& TC	ECG/signal-averaged	1		
G0001		Routine venipuncture	9		
G0002		Insertion of Foley Catheter	9		
G0004		ECG transm phys review & int	1		
G0005		ECG 24 hour recording	1		
G0006		ECG transmission & analysis	1		
G0007		ECG phy review & interpret	9		
G0015		Post symptom ECG tracing	1		
G0016		Post symptom ECG MD review	9		
M0302		Assessment of cardiac output	9		
Q0035	& TC	Cardiokymography	1		
*Cardiac event recording set forth at 58 FR 63682, final rule of December 2, 1993.					

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<b>ECHOCARDIOGRAPHY</b>							
93303	& TC	Echo transthoracic	2	Cardiology	ARDMS: RDCS CCI: RCS		
93304	& TC	Echo transthoracic	2				
93307		Echo exam of heart	2				
93308	& TC	Echo exam of heart	2				
93312	& TC	Echo transesophageal	3				
93313		Echo transesophageal	9				
93314		Echo transesophageal	9				
93315	& TC	Echo transesophageal	3				
93316		Echo transesophageal	9				
93317		Echo transesophageal	9				
93320	& TC	Doppler echo exam, heart	2				
93321	& TC	Doppler echo exam, heart	2			Cardiology	ARDMS: RDCS CCI: RCS
93325	& TC	Doppler color flow add-on	2				
93350	& TC	Echo transthoracic	3				
<b>CARDIAC CATHETERIZATION</b>							
93501	& TC	Right heart catheterization	3	Cardiology	Certified Radiologic  Technician		
93503		Flow directed catheter	9				
93505	& TC	Biopsy of heart lining	3				
93510	& TC	Left heart catheterization	3				
93511	& TC	Left heart catheterization	3				
93514	& TC	Left heart catheterization	3				
93524	& TC	Left heart catheterization	3		Certified Radiologic Technician		
93526	& TC	Rt & Lt heart catheters	3				
93527	& TC	Rt & Lt heart catheters	3				
93528	& TC	Rt & Lt heart catheters	3				
93529	& TC	Rt, Lt heart catheterization	3				
93530	& TC	Right heart catheterization	3				
93531	& TC	Rt & Lt heart catheters	3				
93532	& TC	Rt & Lt heart catheters	3				
93533	& TC	Rt & Lt heart catheters	3				
93536		Percutaneous insertion of intra-aortic balloon catheter	9				
93539		Inj procedure, for selective opacification of arterial conduits	9				
93540		Inj procedure, for selective opacification of venous bypass grafts, 1+coronary arteries	9				
93541		Inj procedure, for pulmonary angiography	9				
93542		Inj procedure, for selective right ventricular or right atrial angiography	9				
93543		Inj procedure, for selective left ventricular or left atrial angiography	9				

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93544		Inj procedure, for aortography	9		
93545		Inj procedure, for selective coronary angiography	9		
93555	& TC	Imaging, cardiac cath	3		
93556	& TC	Imaging, cardiac cath	3		
93561	& TC	Cardiac output measurement	3		
93562	& TC	Cardiac output measurement	3		
93571	& TC	Heart flow reserve measure	3		
93572	& TC	Heart flow reserve measure	3		
<b>INTRACARDIAC ELECTROPHYSIOLOGICAL PROCEDURES</b>					
93600	& TC	Bundle of His recording	3	Cardiology	RN Certified Radiologic Technician
93602	& TC	Intra-atrial recording	3		
93603	& TC	Right ventricular recording	3		
93607	& TC	Left ventricular recording	3		
93609	& TC	Mapping of tachycardia	3		
93610	& TC	Intra-atrial pacing	3		
93612	& TC	Intra-ventricular pacing	3		
93615	& TC	Esophageal recording	3		
93616	& TC	Esophageal recording	3		
93618	& TC	Heart rhythm pacing	3		
93619	& TC	Electrophysiology evaluation	3		
93620	& TC	Electrophysiology evaluation	3	Cardiology	RN/ Certified Radiologic Technician
93621	& TC	Electrophysiology evaluation	3		
93622	& TC	Electrophysiology evaluation	3		
93623	& TC	Stimulation, pacing heart	3		
93624	& TC	Electrophysiologic study	3		
93631	& TC	Heart pacing, mapping	3		
93640	& TC	Evaluation heart device	3		
93641	& TC	Electrophysiologic evaluation	3		
93642	& TC	Electrophysiologic evaluation	3		
93650		Intracardiac catheter ablation	9		
93651		Intracardiac catheter ablation	9		
93652		Intracardiac catheter ablation	9	Cardiology	RN/ Certified Radiologic Technician
93660	& TC	Tilt table evaluation	3		
<b>OTHER VASCULAR STUDIES</b>					
93720		Total body plethysmography	1	Pulmonology	Respiratory Technician
93721		Plethysmography tracing	1		
93722		Plethysmography report	9		
93724	& TC	Analyze pacemaker system	3	Cardiology	RN/CCI: CCT
93731	& TC	Analyze pacemaker system	2		
93732	& TC	Analyze pacemaker system	3		
93733	& TC	Telephone analysis, pacemaker	2		
93734	& TC	Analyze pacemaker system	2		
93735	& TC	Analyze pacemaker system	3		
93736	& TC	Telephone analysis, pacemaker	2		
93737	& TC	Analyze cardio/defibrillator	3		

## Appendix A: Independent Diagnostic Testing Facilities (IDTF)

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93738	& TC	Analyze cardio/defibrillator	3		
93740	& TC	Temperature gradient studies	2		
93760		Thermogram; cephalic	9		
93762		Thermogram; peripheral	9		
93770	& TC	Measure venous pressure	3		
93784		Ambulatory blood pressure monitoring	9		
93786		Ambulatory blood pressure monitoring	9		
93788		Ambulatory blood pressure monitoring	9		
93790		Ambulatory blood pressure monitoring	9		
<b>CEREBROVASCULAR ARTERIAL STUDIES</b>					
93875	& TC	Extracranial study	2	Radiology/Cardiology, Neurology and Vascular surgery with specific training	ARDMS: RVT CCI: RVS
93880	& TC	Extracranial study	2		
93882	& TC	Extracranial study	2		
93886	& TC	Extracranial study	2		
93888	& TC	Extracranial study	2		
<b>EXTREMITY ARTERIAL STUDIES</b>					
93922	& TC	Extremity study	2	Radiology/Cardiology and Vascular surgery with specific training	ARDMS: RVT CCI: RVS
93923	& TC	Extremity study	2		
93924	& TC	Extremity study	2		
93925	& TC	Lower extremity study	2		
93926	& TC	Lower extremity study	2		
93930	& TC	Upper extremity study	2		
93931	& TC	Upper extremity study	2		
<b>EXTREMITY VENOUS STUDIES</b>					
93965	& TC	Extremity study	2	Radiology/Cardiology and Vascular surgery with specific training	ARDMS: RVT CCI: RVS
93970	& TC	Extremity study	2		
93971	& TC	Extremity study	2		
<b>VISCERAL AND PENILE VASCULAR STUDIES</b>					
93975	& TC	Vascular study	2	Radiology with specific Training	ARDMS: RVT CCI: RVS
93976	& TC	Vascular study	2		
93978	& TC	Vascular study	2		
93979	& TC	Vascular study	2		
93980	& TC	Penile vascular study	2	Radiology/Urology	ARDMS: RVT CCI: RVS
93981	& TC	Penile vascular study	2		
<b>EXTREMITY ARTERIAL VENOUS STUDIES</b>					
93990	& TC	Dialysis access graph	1	Radiology/Vascular surgery with specific training	ADMS: RVT CCI:RVS
<b>PULMONARY</b>					
94010	& TC	Breathing capacity test	1	Pulmonology	NBRC: CPFT, RPFT RRT/RN
94014		30 day spirometric recording	1		
94015		30 day spirometric recording	1		
94016		Review patient spirometry	9		
94060	& TC	Evaluation of wheezing	2		
94070	& TC	Evaluation of wheezing	3	Pulmonology	NBRC: CPFT, RPFT

## **Appendix A: Independent Diagnostic Testing Facilities (IDTF)**

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94150	& TC	Vital capacity test	9		RRT/RN
94200	& TC	Lung function test (MBC/MVV)	1		
94240	& TC	Residual lung capacity	1		
94250	& TC	Expired gas collection	1		
94260	& TC	Thoracic gas volume	1		
94350	& TC	Lung nitrogen washout curve	1		
94360	& TC	Measure airflow resistance	1		
94370	& TC	Breath airway closing volume	1		
94375	& TC	Respiratory flow volume loop	1		
94400	& TC	CO2 breathing response curve	2		
94450	& TC	Hypoxia response curve	2	Pulmonology	NBRC: CPFT, RPFT RRT/RN
94620	& TC	Pulmonary stress test/simple	3		
94621	& TC	Pulmonary stress test/complex	2		
94640		Nonpressurized inhalation treatment	9		
94642		Aerosol inhalation of pentamidine	9		
94650		IPPB treatment	9		
94651		IPPD treatment	9		
94652		IPPB treatment	9		
94656		Vent assist and management	9		
94657		Vent assist and management	9		
94660		CPAP	9		
94662		CNP	9		
94664		Aerosol or vapor inhalations	2		
94665		Aerosol or vapor inhalations	2		
94667		Manipulation chest wall	9		
94668		Manipulation chest wall	9		
94680	& TC	Exhaled air analysis: O2	2		
94681	& TC	Exhaled air analysis: O2, CO2	2		
94690	& TC	Exhaled air analysis	1		
94720	& TC	Monoxide diffusing capacity	1		
94725	& TC	Membrane diffusion capacity	1		
94750	& TC	Pulmonary compliance study	1		
94760		Measure blood oxygen level	1		
94761		Measure blood oxygen level	1		
94762		Measure blood oxygen level	1		
94770	& TC	Exhaled carbon dioxide test	1		
94772	& TC	Breath recording, infant	1		
94799	& TC	Unlisted pulmonary service or procedure	9		
<b>ALLERGY</b>					
95004		Allergy skin tests	2	Allergy Immunology/ Otolaryngology	RN
95010		Sensitivity skin tests	9		
95015		Sensitivity skin tests	9		
95024		Allergy skin tests	2		
95027		Skin end point titration	2		
95028		Allergy skin tests	2		
95044		Allergy patch tests	2		

## Appendix A: Independent Diagnostic Testing Facilities (IDTF)

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95052		Photo patch test	2	Allergy Immunology/ Otolaryngology Otolaryngology/Pulmonologist	RN
95056		Photosensitivity tests	2		
95060		Eye allergy tests	3		
95065		Nose allergy test	3		
95070		Bronchial allergy tests	3		
95071		Bronchial allergy tests	3		
95075		Ingestion challenge test	9		
95078		Provocative testing	3		
<b>NEUROLOGY AND NEUROMUSCULAR PROCEDURES</b>					
<b>SLEEP TESTING</b>					
91030	& TC	Acid perfusion of esophagus	3	Otolaryngologist	Audiologist/ Personally trained assistant
91032	& TC	Esophagus, acid reflux test	3		
95805	& TC	Multiple sleep latency test	1	Neurology, Pulmonology,	ABRET: R. EEG T
95807	& TC	Sleep study, attended	1	Certification by	BRPT: RPSGT
95808	& TC	Polysomnography, 1-3	1	American Sleep	NBRC: CPFT, RPFT, CRTT, RRTT
95810	& TC	Polysomnography, 4 or more	1	Disorders	
95812	& TC	Electroencephalogram (EEG)	1	Association (ASDA)	
95813	& TC	Electroencephalogram (EEG)	1		
95816	& TC	Electroencephalogram (EEG)	2		
95819	& TC	Electroencephalogram (EEG)	2		
95822	& TC	Sleep electroencephalogram	1		
95824	& TC	Electroencephalography	1		
95827	& TC	Night electroencephalogram	1		
95829	& TC	Electrocorticogram at surgery	1		
95830		Insert electrodes for EEG	9		
95831		Limb muscle testing, manual	9		
95832		Hand muscle testing, manual	9		
95833		Body muscle testing, manual	9		
95834		Body muscle testing, manual	9		
95851		Range of motion measurements	9		
95852		Range of motion measurements	9		
95857		Tensilon test	9		
95858	& TC	Tensilon test & myogram	3	Neurology or Physiatrist	AAET R. EDT/ Physical therapist who is a qualified electrophysiologic clinical specialist
95860	& TC	Muscle test, one limb	6a	with additional	
95861	& TC	Muscle test, two limbs	6a	Certification by:	
95863	& TC	Muscle test, 3 limbs	6a	a) the American Board of	
95864	& TC	Muscle test, 4 limbs	6a	Electrodiagnostic	
95867	& TC	Muscle test, head or neck	6a	Medicine	
95868	& TC	Muscle test, head or neck	6a	b) Clinical	
95869	& TC	Muscle test, thor paraspinal	6a	Neurophysiology, or	
95870	& TC	Muscle test, non-paraspinal	6a	c) American Board of	
95872	& TC	Muscle test, one fiber	3	Neurophysiology	



## **Appendix A: Independent Diagnostic Testing Facilities (IDTF)**

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95875	& TC	Limb exercise test	3			
95900	& TC	Motor nerve conduction test	77a			
95903	& TC	Motor nerve conduction test	77a			
95904	& TC	Sense nerve conduction test	77a			
95920	& TC	Intraoperative neurophysiology testing	22			
95921	& TC	Autonomic nervous func test	2			
95922	& TC	Autonomic nervous func test	3			
95923	& TC	Autonomic nervous func test	3			
95925	& TC	Somatosensory testing	21		ABRET: R. EP T	
95926	& TC	Somatosensory testing	21			
95927	& TC	Somatosensory testing	21			
95930	& TC	Visual evoked potential test	21			
95933	& TC	Blink reflex test	77			
95934	& TC	H' reflex test	77			
95936	& TC	H' reflex test	77			
95937	& TC	Neuromuscular junction test	77			
95950	& TC	Ambulatory EEG monitoring	1			ABRET: R. EEG T ASET:
95951	& TC	EEG monitoring/video record	1			
95953	& TC	EEG monitoring/computer	1			
95954	& TC	EEG monitoring/giving drugs	3			
95955	& TC	EEG during surgery	2			
95956	& TC	EEG monitoring/cable/radio	1			
95957	& TC	EEG digital analysis	1			
95958	& TC	EEG monitoring/function test	3			
95961	& TC	Functional cortical mapping	3			
95962	& TC	Functional cortical mapping	3			
95999		Unlisted neurological or neuromuscular diagnostic procedure	9			
<b>CENTRAL NERVOUS SYSTEM ASSESSMENT</b>						
96100		Psychological testing	4	Psychiatry, Clinical psychology or qualified Independent	Training commensurate with American Psychological Association standards	
96105		Assessment of aphasia	4			
96110		Developmental test, limb	4			
96111		Developmental test, extend	4	Psychologist		
96115		Neurobehavioral status exam	4			
96117		Neuropsychic test battery	4			



## **Lipid Profile/Cholesterol Testing, RMP**

Prior to DOS 12/15/1997, refer to "Cholesterol Testing" (06/01/1994), "Lipid Panel" (08/15/1996), "VLDL" (03/01/1995), and "Apolipoprotein" (06/01/1995) LMRPs.

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#### **Description:**

Lipoproteins are a class of heterogenous particles of varying sizes and densities, containing lipid and protein. These lipoproteins include cholesterol esters and free cholesterol, triglycerides, phospholipids, and A, C, and E apolipoproteins.

In most individuals, an elevated blood cholesterol constitutes an increased risk of developing coronary artery disease. Scientific evidence has established that lowering definitely elevated blood cholesterol (specifically LDL) will reduce the risk of heart attacks due to coronary heart disease (CHD). Elevated levels of total cholesterol and low-density lipoprotein cholesterol (LDL-C) are associated with increased risk as are low levels of high-density lipoprotein cholesterol (HDL-C). Levels may be decreased by several factors, including diet and decreasing total fat in diet.

Total cholesterol comprises all the cholesterol found in various lipoproteins.

There are three risk groups (cholesterol levels):

- Desirable Risk: Total Cholesterol <200  
LDL Cholesterol <130
- Borderline Risk: Total Cholesterol 200-239  
LDL Cholesterol 130-159
- High Risk: Total Cholesterol >240  
LDL Cholesterol >160

There are three groups at risk (triglyceride levels):

- Level of >599 mgm/dL = Abnormal high
- Level of < 250 mgm/dL = Normal
- Level of 250-500 mgm/dL = Has two times the risk for C-V disease

**Policy Type:** Recommended Model Policy and Local Medical Review Policy\*

#### **HCPCS Section, Benefit Category:**

Pathology and Laboratory

#### **HCPCS Codes©:**

80061 Lipid panel (this panel must include procedures 82465, 83718, and 84478)  
82465 Cholesterol, serum, total  
83715 Lipoprotein, blood; electrophoretic separation and quantitation  
83716 high resolution fractionation and quantitation of lipoprotein cholesterol (eg, electrophoresis, nuclear magnetic resonance, ultracentrifugation) (Eff. 01/01/1999)  
83717 ultracentrifugation and quantitation (deleted 12/31/1998)  
83718 Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)  
83719 VLDL cholesterol - Not Covered\*  
83721 LDL cholesterol-Covered @ Review level with documented Triglycerides over 400\*  
84478 Triglycerides  
82172 Apolipoprotein - Not Covered\*

## **Lipid Profile/Cholesterol Testing, RMP**

Prior to DOS 12/15/1997, refer to "Cholesterol Testing" (06/01/1994), "Lipid Panel" (08/15/1996), "VLDL" (03/01/1995), and "Apolipoprotein" (06/01/1995) LMRPs.

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#### **HCFA's National Policy:**

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

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

#### **Indications & Limitations of Coverage and/or Medical Necessity:**

Prior to DOS 12/15/1997, refer to "Cholesterol Testing" (6/1/94), "Lipid Panel" (8/15/96), "VLDL" (3/1/95), and "Apolipoprotein" (6/1/95) LMRPs.

Effective with DOS 12/15/1997, the following restrictions apply:

These tests will be covered at a combined frequency of up to three (3) times a year for dietary therapy and four (4) times a year for drug therapy. Testing beyond this frequency must be documented in the patient's medical record to support the medical necessity for this frequency.

#### **ICD-9 Codes that Support Medical Necessity:**

Prior to DOS 12/15/1997, refer to "Cholesterol Testing" (06/01/1994), "Lipid Panel" (08/15/1996), "VLDL" (03/01/1995), and "Apolipoprotein" (06/01/1995) LMRPs.

Effective with DOS 12/15/1997, the following diagnoses are allowed:

V58.69 (10/27/1999), V67.51, 240.0-240.9, 241.0-241.9, 242.0-242.91, 243, 244.0-244.9, 245.0-245.9, 246.0-246.9, 250.0-250.03\*, 255.0, 260, 261, 262, 263.0-263.1, 263.8-263.9, 270.0, 271.1, 272.0-272.9, 303.90-303.92, 362.13, 362.82, 379.22, 388.00, 401.0-401.9, 402.0-402.91, 403.0-403.91, 404.0-404.93, 405.0-405.99, 410.00-410.92, 411.0-411.1, 411.81, 411.89, 412, 413.0-413.1, 413.9, 414.00-414.03, 414.10-414.11, 414.19, 414.8-414.9, 427.0-427.9, 428.0-428.9, 429.2, 431, 432.0-432.9, 433.0-433.91, 434.0-434.91, 435.0-435.9, 436, 437.0-437.9, 438.0-438.9, 440.0-440.9, 441.0-441.9, 443.0-443.9, 444.0-444.9, 446.0-446.7, 447.0-447.9, 448.0-448.9, 557.1, 570, 571.0-571.9, 572.0-572.8, 573.0-573.9, 574.00-574.51, 575.2, 575.6, 576.2, 576.8, 577.0-577.9, 579.3, 579.8, 581.0-581.9, 584.5, 588.1, 588.8, 646.70-646.73, 648.10-648.14, 695.9\*, 696.0, 696.1, 746.85, 751.61, 764.1-764.19, 786.50, 790.5\*

#### **Reasons for Denial:**

1. Under all other conditions, lipid profile/cholesterol testing is considered screening and is therefore, not covered. A familial history alone does not indicate medical necessity. Routine screening and prophylactic testing are not allowed for payment purposes in the Medicare program. These are non-covered services which means that while such use may represent good medical practice, this type of testing cannot be reimbursed by Medicare. Only those services which directly relate to disease, injury or malfunctioning body parts are covered by Medicare.
2. Apolipoprotein (82172) has been determined to be unnecessary for appropriate patient monitoring in cases of hyperlipoproteinemia, and is considered to be a screening test and therefore non covered by Medicare.  
Note: LDL cholesterol = (total cholesterol - HDL cholesterol - (triglycerides/5)).
3. Measured LDL (83721) should only be used with documented Triglycerides greater than 400. Otherwise use calculation method which is not reimbursable.

## **Lipid Profile/Cholesterol Testing, RMP**

Prior to DOS 12/15/1997, refer to "Cholesterol Testing" (06/01/1994), "Lipid Panel" (08/15/1996), "VLDL" (03/01/1995), and "Apolipoprotein" (06/01/1995) LMRPs.

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4. A multichannel chemistry profile will not be allowed when it is performed to measure cholesterol or triglycerides only.
5. The addition of a HDL-cholesterol to a chemistry profile to provide the basic three components of a lipid profile is acceptable if performed a part of coronary artery evaluation or ongoing monitoring of vascular disease.
6. Most follow-up may be done with a total cholesterol (82465). Triglycerides (84478) may be obtained if this lipid fraction is also elevated or if the patient is put on drugs (i.e., thiazide diuretics, beta blockers, estrogens, glucocorticoids, and tamoxifen) which may raise the triglyceride level. Need for a full lipid profile (80061) will depend on the clinical circumstances of the individual patient.
7. Lipid profile (80061) and Hepatic panel (80058) testing will be reimbursed for patients with severe psoriasis which has not responded to conventional therapy and for which retinoid estretinate has been prescribed and who have developed hyperlipidemia or hepatic toxicity. Specific examples include erythrodermia and generalized pustular type and psoriasis associated with arthritis. These two panels will be allowed at a frequency in keeping with medical necessity and appropriate medical practice acceptable to the carrier's medical review.
8. CPT code 83719, VLDL, will be denied as not reasonable and necessary based upon lack of literature to substantiate it's use in clinical practice. There is no evidence that the knowledge of VLDL levels affect the patient's outcome by changing the plan of care.\*

### **Noncovered ICD-9 Codes:**

Any procedure code which is not listed in the "covered ICD-9 diagnosis" section of this model policy

### **Sources of Information:**

1. Bierman EL. Atherosclerosis and other forms of arteriosclerosis. Harrison's Principles of Internal Medicine, 13th ed. (Eds. Isselbacher KJ, Braunwald E, Wilson JD, Martin JB, Fauci AS, Kasper DL) McGraw-Hill, New York 1994:2058-2069.
2. Brown MS and Goldstein JL. The hyperlipoproteinemias and other disorders of lipid metabolism. Harrison's Principles of Internal Medicine, 13th ed. (Eds. Isselbacher KJ, Braunwald E, Wilson JD, Martin JB, Fauci AS, Kasper DL) McGraw-Hill, New York 1994:1106-1116.
3. Executive Summary of the National Cholesterol Education Program Expert Panel - Second Report on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults, ( Adult Treatment Panel II). National Institutes of Health, National Heart, lung, and Blood Institute. NIH publication No. 93-3095, Bethesda, July 1993, September 1993.
4. Farmer JA and Gotto Jr AM. Risk Factors for Coronary Artery Disease. Heart Disease, A Textbook of Cardiovascular Medicine, 4th edition, (ED. Braunwald E) WB Saunders, Philadelphia, 1992:1125-1160.
5. Laboratory Test Handbook, 2nd edition
6. Harrison's Principles of Internal Medicine
7. Other carriers' existing local medical review policies
8. CMD Clinical Laboratory Workgroup
9. This policy was developed in conjunction with our Medical Services Review Committee (10/97) which consist of primary care and relative specialties (LAMSRC Item 97-17).

## **Lipid Profile/Cholesterol Testing, RMP**

Prior to DOS 12/15/1997, refer to "Cholesterol Testing" (06/01/1994), "Lipid Panel" (08/15/1996), "VLDL" (03/01/1995), and "Apolipoprotein" (06/01/1995) LMRPs.

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### **Policy Number:**

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#### **Coding Guidelines:**

1. ICD-9 code V82.9, (special screening of other conditions, unspecified condition), or comparable narratives should be used to indicate screening tests performed in the absence of a specific sign, symptom, or complaint. Use of V82.9 or comparable narrative will result in the denial of claims as non-covered screening services.  
ICD-9 code ranges V70 (general medical examinations) and V72 (Special investigations and examinations including routine examination of specific system) will be denied as non covered screening services.\*
2. All claims for these tests must be submitted with an ICD-9 diagnosis code. Failure to do so may result in denial or delay in claim processing.
3. When a lipid profile (80061) is performed, separate billing for individual test components (82465, 83718, 84478) will not be allowed on the same day.
4. After the initial definition of the cholesterol abnormality, follow-up testing during the treatment of hypercholesterolemia is usually done with a total cholesterol (82465). Follow-up testing with a lipid profile (80061) would be appropriate at less frequent intervals (refer to "Indications and Limitations" section of this policy for frequency). For example, in patients with borderline high cholesterol who are not being treated or in patients who are stable on dietary and/or drug therapy, performing a lipid profile yearly would be reasonable.
5. In patients with significantly elevated cholesterol levels who are being aggressively managed with drug therapy, a lipid profile may be reasonable every 3-4 months until the clinical condition has stabilized. More frequent use of lipid profiles or use of other lipid fraction tests to follow the course of treatment would need to be individually justified.

\* Denotes local additions to a Recommended National Model Policy.

#### **Documentation Requirements:**

Submission of ICD-9 diagnosis other than those listed as covered in this policy must be supported by written medical necessity documentation. Claims submission of diagnosis outside this guideline must have accompanying written medical necessity documentation. The ordering physician must clearly document in the patient's clinical record conformity to this policy and/or support the medical necessity for deviation. The treatment plan, if the patient is being treated for those conditions listed above, must be in the patient's medical record.

Direct LDL measurement (HCPCS 83721) will only be reimbursed *at the review level*\* with accompanying documentation of triglycerides > 400 mg/dL.

Additional special lipoprotein analyses (HCPCS 83715, 83716, 83717 (del. 12/31/98)) must be supported by supplemental documentation of medical necessity.

#### **Other Comments:**

"CPT codes, descriptors, and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply."

## **Lipid Profile/Cholesterol Testing, RMP**

Prior to DOS 12/15/1997, refer to "Cholesterol Testing" (06/01/1994), "Lipid Panel" (08/15/1996), "VLDL" (03/01/1995), and "Apolipoprotein" (06/01/1995) LMRPs.

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### **Policy Number:**

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#### **CAC Notes:**

This policy does not reflect the sole opinion of the carrier or Carrier Medical Director. Although the final decision rests with the carrier, this policy was developed in cooperation with the Carrier Advisory Committee, which includes representatives from all recognized specialties within the state.

#### **Start Date of Comment Period:**

August 28, 1997

#### **Start Date of Notice Period:**

November 1999  
July 1999  
February 1998  
November 1997

#### **Presented to CAC:**

September 1997

#### **Original Effective Date:**

December 15, 1997

#### **Revision Date:**

#### **Providers' News:**

LA PN 99-02  
LA PN 99-01  
LAB98-02  
LAB97-06





# Ocular Photodynamic Therapy (OPT) with Verteporfin

**Policy Number:**

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## **Description:**

Photodynamic compounds stimulated usually by specific wavelengths of light create hydroxyl and oxygen free radicals. Compounds like benzoporphyrin derivative combined with low-density lipoprotein attach to low-density lipoprotein receptors on proliferating endothelial cells. Damage to mitochondria, nuclei, cell membranes and other cell elements is generated by light activation of photosensitizers and creation of the oxygen and hydroxyl free radicals mentioned above. Endothelial damage and blood cell damage causes platelet activation and vascular thrombosis. Temporary ablation of choroidal neovascular membranes (CNVM) is frequently the result of the activation of photosensitizing drugs; this is the base of photodynamic therapy (OPT).

Age related macular degeneration is the leading cause of new severe vision loss in the US in patients over age 50. The mechanism of visual loss in many patients relates to the secondary effects of subretinal neovascularization. Laser photocoagulation has been shown to be beneficial in the treatment of extrafoveal neovascularization and in selected cases of subfoveal neovascularization. Recent studies have shown the effectiveness in treating patients with subfoveal choroidal neovascularization caused by age-related macular degeneration.

In age-related macular degeneration, the treatment is effective when the subfoveal neovascularization is 50% classical or greater.

The patients are treated initially, and if there is persistence of CNVM, the membrane is retreated 91 or more days later. In the initial study the patients required 3.4 treatments in the first year, and in the second year 2.1 treatments.

**Policy Type:** Local Medical Review Policy

## **HCPCS Section, Benefit Category:**

Ophthalmology/Surgery

## **CPT/HCPCS Codes:**

67299 Unlisted procedures, posterior segment (use modifiers LT, RT, and LTRT as appropriate)

Note: Program Memorandum Transmittal AB-00-63 states that CPT code 67299, when used to report OPT, includes the procedure, the infusion of verteporfin, and all other services required to perform OPT.

## **HCFA's National Coverage Policy:**

Title XVIII of the Social Security Act, Section 1862(a)(1)(A), allows for payment of only those services that are "reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member."

Title XVIII of the Social Security Act, Section 1862(a)(7) excludes routine physical examinations.

? Code of Federal Regulations 42, Ch IV, 414.34 Payment incident to physician service

? Medicare Carrier's Manual 2049.1

Drug Definition

? Medicare Carrier's Manual 2049.3

Cost to provide

? Medicare Carrier's Manual 2049.2

Not self administered

? Medicare Carrier's Manual 2049.4

Reasonable and necessary

? Medicare Carrier's Manual 2049.4 (3)

Drug denied associated charges denied

? Medicare Carrier's Manual 2049.4 (D)

Less than effective according to FDA

? Fiscal Intermediary Manual, Section 3103.3

Drugs and biologicals hospital use

# Ocular Photodynamic Therapy (OPT) with Verteporfin

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**Policy Number:**

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**ICD-9-CM Codes:**

362.52 Exudative senile macular degeneration

**Indications and Limitations of Coverage and/or Medical Necessity:**

Choroidal neovascularization membrane (CNVM) secondary to age-related macular Degeneration.

CNVM under the geometric center of the foveal avascular zone.

Evidence of classic CNVM on fluorescein angiogram (FA).

Area of CNVM at least 50 percent of the area of the total neovascular lesion (for first session of Photodynamic Therapy).

Greatest linear dimension of lesion less than or equal to 5400 microns (not including any area of prior laser photocoagulation).

Best corrected visual acuity equal to or better than 20/200, or more than 34 letters read at a distance of two meters using the retroilluminated lighthouse for the blind modified early treatment diabetic retinopathy study charts 1, 2 and R.

**Reasons for Denial:**

Tear (rip) of pigment epithelia, 362.40

Inability to obtain photographs for example fluorescein angiogram (FA) to document CNVM including difficulty with venous access.

Active hepatitis or clinically significant liver disease refers to ICD-9-CM codes that do not support medical necessity for example 070.00 – 070.93, 571.40 – 571.49, and 573.1 – 573.3.

Porphyria or other porphyrin sensitivity, 277.1.

Poisoning by other unspecified drugs, 977.9.

**Noncovered ICD-9-CM Codes:**

Any other ICD-9-CM code not listed under "Covered Diagnosis Codes."

**Sources of Information:**

1. Macular Photocoagulation Study Group, Laser Photocoagulation of subfoveal neovascular lesions in age-related macular degeneration; results of a randomized clinical trial *Archives of Ophthalmology*, 1991; 109: 1220-1231.
2. Macular Photocoagulation Study Group, Argon Laser Photocoagulation for Neovascular Maculopathy. *Archives of Ophthalmology*, 1992; 109: 1109-1114.
3. Macular Photocoagulation Study Group: Laser photocoagulation of subfoveal neovascular lesions of age-related macular degeneration: updated findings from two clinical trials. *Arch Ophthalmol* 111:1200-1209.
4. Macular Photocoagulation Study Group: Laser photocoagulation for juxtavoveal choroidal neovascularization: five-year results from randomized clinical trials. *Arch Ophthalmol* 1994; 112:500-509.
5. Macular Photocoagulation Study Group, " Visual Outcome After Laser Photocoagulation For Subfoveal Choroidal Neovascularization Secondary To Age-Related Macular Degeneration.", *Archives of Ophthalmology*, 1994; 112: 480-488.
6. Ciulla TA, Danis RP, Harris A. Age related macular degeneration: a review of experimental treatments. *Surv Ophthalmol* 43 (2). September-October, 1998.

# Ocular Photodynamic Therapy (OPT) with Verteporfin

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7. Photodynamic Therapy (TAP) Study Group, " Photodynamic Therapy of Subfoveal Choroidal Neovascularization in Age-related Macular Degeneration With Verteporfin. One- Year Results of 2 Randomized Clinical Trials----TAP Report1", *Archives of Ophthalmology*, October 1999;Volume 117:1329-1345.
8. Macular Photocoagulation Study Group, Occult choroidal neovascularization influence on visual outcomes on patients with age-related macular degeneration *Arch Ophthal*: 1996 114: 400-412.
9. Miller JW, Schmidt-Erfurth U, Sickenberg M, et.al. Photodynamic therapy with verteporfin for choroidal neovascularization caused by age related macular degeneration: results of a single treatment in a phase I and phase II study, *Arch Ophthal* 1999; 117:1161-1173.
10. Schmidt-Erfurth,U. Miller JW Sickenberg Metal Photodynamic therapy with verteporfin for choroidal neovascularization caused by age-related macular degeneration results of pretreatments in a phase I and II study, *Arch Ophthalmol* 1999 117; 1177-1187.
11. Sickenberg M et al. Preliminary study of photodynamic therapy using verteporfin for choroidal neovascularization in pathologic myopia, ocular histoplasmosis syndrome, angioid streaks, and idiopathic causes. *Arch Ophthalmol* 2000; 118:327-326.
12. Photodynamic therapy (TAP) study group, " Photodynamic therapy of subfoveal choroidal neovascularization in age-related macular degeneration with verteporfin. One year results of two randomized clinical trials-TAP Report", *Archives of Ophthalmology*, October 1999; 117:1329-1345.
13. Sykes SO, Bressler NM, et.al, Detecting recurrent choroidal neovascularization comparison of clinical examination with and without fluorescein angiography, *Arch Ophthal*, 1994;112: 79-84.
14. Peyman GA, Kazi AA, Problems with and pitfalls of photodynamic therapy, *Ophthalmology* 2000, 107:29-35.
15. Phipps R. Director, U.S. Managed Care and Government Affairs Letter *Ciba Vision* April 14, 2000.
16. Fine SL, Photodynamic therapy with verteporfin is effective for selected patient with neovascular age-related macular degeneration, *Arch Ophthal* 1999; 117:1400-1402.
17. American Academy Ophthalmology Preferred Practice pattern. Age Related Macular Degeneration Copyright 1998

## **Coding Guidelines:**

Some or all of the following codes may comprise patient evaluation and treatment for CNVM using OPT:

?Evaluation and management service	If significant and separately identifiable from the procedure (use modifier –25)
?Laser Photocoagulation	67299
?Fluorescein Angiography (FA)	92235
?Fundus Photography	92250
?I.V. Infusion	90780
?Drug	J3490

Claims submitted for payment for OPT must include the following:

Evaluation and management exam including most recent visual acuity ( $V_A$ ), total calculated drug dose (mg), patient's body surface area and greatest dimension of the CNVM.

If a medication is determined not to be reasonable and necessary for the diagnosis or treatment of an illness or injury according to the above guidelines, the entire charge will be excluded from payment (i.e., for both the drug and its administration). Also exclusion from payment will occur for other services (such as office visits) which were primarily for the purpose of administering a non-covered injection (i.e., an injection that is not reasonable and necessary for the diagnosis or treatment of an illness or injury).

Place the following information in box 19:

- ? The total mg dose of verteporfin or other phototherapy drug use;
- ? Record the greatest linear dimension of the CNVM treated
- ? The meter squared body surface area on which dosage is based

# Ocular Photodynamic Therapy (OPT) with Verteporfin

**Policy Number:**

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- ? If the code for photodynamic therapy is assigned zero global days, then an evaluation and management of service may not be billed with the service.

Prevalence of exudative (AMD) is approximately 5.2 percent in patients 75 – 84 years old according to the Beaver Dam Eye Study. Overall approximately 10 – 20 percent of all patients with AMD progress to the exudative form.

The cumulative incidence rate for the fellow eye developing CNVM in patients diagnosed with CNVM in one eye is 6 percent per year.

MPS subfoveal laser treated eyes suffered immediate visual loss. However, the majority 68.8 percent, maintained visual acuity better than 20/400 at four years. The mean reading speed was about twice that of the untreated group for recurrent subfoveal CNVM.

MPS findings show that laser photocoagulation effectively prevented large decreases in visual acuity compared to no treatment. However, only 13 – 26 percent of patients with exudative AMD show well demarcated classic CNVM eligible for treatment according to MPS protocol. Furthermore, half of those patients with CNVM eligible for treatment will experience persistent or recurrent CNVM within two years.

OPT therapy is palliative. Retreatment with the drug will probably be indefinite at approximately three (3) month intervals

Months	Percentage of Recurrence/Retreat
3	90%
6	80%
9	70%
12	64%

## **Documentation Requirements:**

- ? FA or the digital angiogram: This should be the copy used by the clinician to determine the size and location of the classic CNVM and occult CNVM.
- ? Fundus Photograph if it is used to determine the greatest extent of the CNVM (classic plus occult) and dimension listed in the evaluation and management.
- ? FA report the percentage of the total CNVM which is classic should be stated in the report along with the description of the FA.
- ? Criteria which must be fulfilled for each OPT treatment are:
- ? The patient's Snellen  $V_A$  must be at least 20/200 or better or the equivalent 34 or more letters on the Early Treatment Diabetic Retinopathy Study Charts (number of letters identified at 2 M plus 15);
  - ? The CNVM must extend under the geographic center of the fovea.
- ? The greatest linear dimension of the lesion which includes the classic CNVM, occult CNVM, and anything which might block identification of classic or occult CNVM must be 5400 microns or less.
- ? 50 percent or more of the total CNVM must be "classic".
- ? If the fluorescein angiogram and/or the fundus photographs are inadequate to determine the full extent of the CNVM, the location of the CNVM and the percent of the CNVM which is classic payment will be denied.
- ? A patient should understand before they sign an advanced beneficiary notice (ABN) that the treatment is expensive, most of the expense is due to the cost of the drug, and the criteria for payment by Medicare outlined in this policy.

## **Other Comments:**

*Age Related Macular Degeneration (AMD):* Characterized by drusen and retinal pigment epithelial changes and sometimes fundus abnormalities associated with choroidal neovascular membranes.

# Ocular Photodynamic Therapy (OPT) with Verteporfin

**Policy Number:**

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*Choroidal neovascular Membrane (CNVM):* Defined by the pathologic perforation of blood vessels from the choriocapillaris through Bruch's membrane into the subretinal pigment epithelial and/or subretinal space.

*Classic Choroidal Neovascular Membrane:* Has the following fluorescein angiographic findings. It is a bright well-defined area of hyper-fluorescence identified in the early phase of the angiogram, which indicates the fluorescein is leaking from the choriocapillary circulation. There is progressive pooling of dye in the overlying subsensory retinal space during the middle and late phases of the angiogram.

*Disciform Scar:* A fibrous or fibrovascular scar that is the end result of choroidal neovascular membrane formation.

*Disc Area (DA:)* The macular photocoagulation study is the area of a circle with a diameter of 1500 microns equal to 1.77 mm squared.

*Drusen:* Yellow excrescences below the retinal pigment epithelium.

*Extrafoveal Choroidal Neovascularization:* A choroidal neovascular membrane no closer than 200 microns from the center of the foveal avascular zone.

*Exudative Macular Degeneration:* Characterized by a choroidal neovascular membrane and/or retinal pigment epithelial detachment associated with subretinal serous fluid, exudates and/or blood.

*Fibrovascular Retinal Pigment Epithelial Detachment:* A form of occult choroidal neovascular membrane diagnosed by lens biomicroscopy or stereo angiography. It is associated with elevation of the retinal pigment epithelium, and stippled hyperfluorescence one to two minutes after beginning the fluorescein angiogram.

*Foveal Avascular Zone:* An area free of blood vessels 300-500 millimeters in diameter centered on the foveola, the area of best visual resolution.

*Juxtafoveal Choroidal Neovascular Membrane:* Located between 1 and 199 microns from the foveola or center of the FAZ.

*Macular Photocoagulation Study (MPS):* A series of prospective, randomized multicenter clinical trials funded by the National Eye Institute to determine the efficacy of laser photocoagulation in choroidal neovascularization caused by age-related macular degeneration, ocular histoplasmosis and idiopathic causes.

*Non exudative Macular Degeneration:* Changes in the macular area, which may include drusen, retinal pigment epithelial changes, atrophy of the retinal, pigment epithelial detachment or choroidal neovascular membrane.

*Occult Choroidal Neovascularization:* Fluorescein angiogram findings characterized by a fibrovascular retinal pigment epithelial detachment and/or late leakage of an undetermined source, or by elevated blocked fluorescence.

*Persistent Choroidal Neovascularization:* Choroidal neovascularization found within six weeks of laser treatment usually at the treatment site. This is an MPS definition.

*Pigment Epithelial Detachment (PED):* Serous or hemorrhagic retinal pigment epithelial detachment beneath the retinal pigment epithelium. There is a form associated with choroidal neovascularization. Another form is a fibrovascular pigment epithelial detachment. This second form is a type of occult choroidal neovascularization.

*Recurrent Choroidal Neovascularization:* Typically found more than six weeks after laser therapy and is located on the edge usually of the previous treatment scar. This is defined in the MPS.

*Retinal Pigment Epithelial Abnormalities:* Areas of hyperpigmentation, hypopigmentation, or in the most severe form geographic atrophy of the retinal pigment epithelium and Bruch's membrane complex.

*Subfoveal Choroidal Neovascularization:* Choroidal Neovascularization that underlies the center of the foveal avascular zone.

However, well demarcated borders alone does not distinguish either classic or occult neovascularization.

# Ocular Photodynamic Therapy (OPT) with Verteporfin

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**Policy Number:**

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**CAC Notes:**

This policy does not represent the sole opinion of the Carrier or Carrier Medical Director. Although final decision rests with the Carrier, this policy was developed in cooperation with the Carrier Advisory Committee, which includes representatives from the medical community.

**Start Date of Comment Period:**

July 21, 2000

**Start Date of Notice Period:**

November 2000

**Presented to CAC:**

August 2, 2000

**Original Effective Date:**

December 15, 2000

**Revision Date:**

**Providers' News:**

# **Streptozocin (Zanosar)**

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**Policy Number:**

Page 1 of 2

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**Description:**

Streptozocin is an antineoplastic antibiotic produced by *Streptomyces achromogenes* and is prepared synthetically, but its cytotoxicity precludes its use as an anti-infective agent.

**Policy Type:** Local medical necessity policy

**HCPCS Section, Benefit Category:**

Drugs and Biologicals

**HCPCS Codes@:**

J9320 - Streptozocin, (Zanosar - 1 gm)

**HCFA's National Policy:**

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

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

**Indications & Limitations of Coverage and/or Medical Necessity:**

Burkitt's lymphoma (200.20-200.28) (01/1999), colorectal carcinoma (153.\_, 154.\_, 197.5, 230.3, 230.4) (01/1999), carcinoid syndrome (259.2), gastrointestinal carcinoid tumor (151.\_, 159.\_, 197.8, 230.2, 230.9) (01/1999), hepatoma (155.0, 211.5) (01/1999), Hodgkin's disease (201.\_), Islet cell carcinoma (157.4, 197.8, 211.7, 230.90), Lung, epidermal carcinoma (162.\_, 197.0, 231.2) (01/1999), lymphocytic leukemia, acute (204.00-204.01) (01/1999), Malignant Melanoma (172.\_) (01/1999), Pancreatic carcinoma (157.\_, 197.8, 230.9), pheochromocytoma, metastatic (227.0) (01/1999)

**ICD-9 Codes that Support Medical Necessity:**

151. (01/1999), 153. (01/1999), 154. (01/1999), 155.0 (01/1999), 157.0-157.9, 159. (01/1999), 162.0-162.9 (01/1999), 172.0-172.9 (01/1999), 197.0 (01/1999), 197.5 (01/1999), 197.8, 200.20-200.28 (01/1999), 201.0-201.98, 204.00-204.01 (01/1999) 211.5 (01/1999), 211.7, 227.0 (01/1999), 230.2 (01/1999), 230.3 (01/1999), 230.4 (01/1999), 230.9, 231.2 (01/1999), 259.2

**Reasons for Denial:**

Literature does not support the efficacy of this drug for indications not listed above.

**Noncovered ICD-9 Codes:** All others not listed above.

**Sources of Information:**

Drug Evaluations (p. 2021, 1982, 1998);  
AHFS: 2000 - p1052; 1999 - p994; 1994 - p685;  
USP DI: 2000 - p2825; 1999 - p2629; 1998 - p2654; 1993 - p379

# **Streptozocin (Zanosar)**

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**Policy Number:**

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**Coding Guidelines:**

This policy does not take precedence over the Correct Coding Initiative (CCI) and CCI does not interfere with Indications/Limitations or acceptable diagnoses specified.

**Documentation Requirements:**

Three Phase III studies from HCFA accepted literature (specified in Program Memorandum AB-94-2) must be submitted at the review level to justify any indications not listed above.

**Other Comments:**

**CAC Notes:**

**Start Date of Comment Period:**

**Start Date of Notice Period:**

September 01, 1994

**Presented to CAC:**

**Original Effective Date:**

October 01, 1994

**Revision Date:**

**Providers' News:**

LA94-06



# **Vincristine Sulfate (Oncovin, Vincasar PFS)**

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**Policy Number:**

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**Description:**

Vincristine sulfate is the salt of a dimeric alkaloid isolated from *Catharanthus roseus*. Along with its structural analog vinblastine, vincristine is commonly referred to as a vinca alkaloid. Vincristine exerts some immunosuppressive activity.

**Policy Type:** Local medical necessity policy

**HCPCS Section, Benefit Category:**

Drugs and Biologicals

**HCPCS Codes@:**

J9370 - Vincristine Sulfate, (Oncovin 1 mg)  
J9375 - Vincristine Sulfate, (Oncovin 2 mg/ml 2 ml ea)  
J9380 - Vincristine Sulfate, (Oncovin 5 mg)

**HCFA's National Policy:**

Title XVIII of the Social Security Act, section 1862 (a)(7). This section excludes physical examinations.  
Title XVIII of the Social Security Act, section 1862 (a) (1) (A). This section allows coverage and payment for only those services are considered to be medically reasonable and necessary.

**Indications & Limitations of Coverage and/or Medical Necessity:**

Acute lymphocytic leukemia (204.0\_), Acute myeloid leukemia (205.0\_), brain tumors, primary (191.\_) (01/1999), Breast carcinoma (174.\_, 175.\_, 198.2, 198.81, 232.5, 233.0), Burkitt's lymphoma (200.2\_), Cervical carcinoma (195.0, 198.89, 234.8), Colorectal carcinoma (153.\_, 154.\_, 197.5, 230.3, 230.4) (01/1998), Chronic lymphocytic leukemia (204.1\_), Ewing's sarcoma (170.\_), hepatoblastoma (155.0) (01/1999), Hodgkin's lymphoma (201.\_), non-Hodgkin's lymphoma (200.\_, 202.0\_, 202.8\_), Kaposi's sarcoma (176.\_), Lung carcinoma, small cell and non small cell (162.\_, 197.0, 231.2), Lymphocytic lymphoma (202.0\_), Malignant lymphoma (202.8\_), malignant melanoma (172.\_) (01/1999), Medulloblastoma (191.6), Multiple myeloma (203.0\_), mycosis fungoides (202.10-202.18) (01/1999), myelocytic leukemia, chronic (205.1-205.11) (01/1999), Neuroblastoma (160.\_ -194.\_), Osteogenic sarcoma (170.\_, 198.5), Germ cell ovarian tumors (183.0) (01/1998), Renal cell tumors (189.0, 198.0, 233.8), retinoblastoma (190.5) (01/1999), Rhabdomyosarcoma, embryonal (171.9, 198.0), Soft tissue sarcoma (171.\_, 176.1, 198.89), Thrombocytopenic purpura (287.3, 446.6), trophoblastic tumors, gestational (236.1, 630) (01/1999), waldenstrom's macroglobulemia (273.3) (01/1999), Wilms' Tumor (189.0)

**ICD-9 Codes that Support Medical Necessity:**

153.0-153.9, 154.0-154.8 (01/1998), 155.0 (01/1999), 160.0-160.9, 161.0-161.9, 162.0-162.9, 163.0-163.9, 164.0-164.9, 165.0-165.9, 170.0-170.9, 171.0-171.9, 172.0-172.9, 173.0-173.9, 174.0-174.9, 175.0-175.9, 176.0-176.9, 179, 180.0-180.9, 181, 182.0-182.8, 183.0-183.9, 184.0-184.9, 185, 186.0-186.9, 187.1-187.9, 188.0-188.9, 189.0-189.9, 190.0-190.9, 191.0-191.9, 192.0-192.9, 193, 194.0-194.9, 195.0, 197.0, 197.5 (01/1998), 198.0, 198.2, 198.5, 198.81, 198.89, 200.0-200.88, 201.0-201.98, 202.0-202.08, 202.10-202.18 (01/1999), 202.8-202.88, 203.0-203.01, 204.0-204.01, 204.1-204.11, 205.0-205.01, 205.1-205.11 (01/1999), 230.3-230.4 (01/1998), 231.2, 232.5, 233.0, 236.1 (01/1999), 233.8, 234.8, 273.3 (01/1999), 287.3, 446.6, 630 (01/1999)

# **Vincristine Sulfate (Oncovin, Vincasar PFS)**

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**Policy Number:**

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**Reasons for Denial:**

Literature does not support the efficacy of this drug for indications not listed above.

**Noncovered ICD-9 Codes:** All others not listed above.

**Sources of Information:**

Drug Evaluations: 1994 - pgs. 2070, 1988, 1996;  
AHFS: 2000-p 1086; 1999 - p1021; 1998 - p951; 1994 - p703;  
USP DI: 2000-p 3135; 1999-p2950; 1998 - p2958; 1993-p422;

**Coding Guidelines:**

This policy does not take precedence over the Correct Coding Initiative (CCI) and CCI does not interfere with Indications/Limitations or acceptable diagnoses specified.

**Documentation Requirements:**

Three Phase III studies from literature published in the United States must be submitted at the review level to justify any indications not listed above.

**Other Comments:**

**CAC Notes:**

**Start Date of Comment Period:**

**Start Date of Notice Period:**

July 1999  
September 01, 1994

**Presented to CAC:**

**Original Effective Date:**

October 01, 1994

**Revision Date:**

**Providers' News:**

LA PN 99-01  
LA94-06



## Important Information from Your Medicare Part B Carrier

This bulletin should be shared with all health care practitioners and managerial members of the provider/supplier staff. Consult your Carrier's Local Medical Review Policy on this subject also. Additional copies of this and all newsletters are available at no cost from your state's web site listed below. Remember that this newsletter, as well as all other Medicare publications (i.e.; Policy Notices) serves as your official notice of Medicare coverage and billing information. Here is a list of phone numbers to call with questions about the information included in this newsletter. You must call the Customer Service area in the state where you are a Medicare provider. Be sure to check our web sites for the most up-to-date information:

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Louisiana	(877) 567-7204	<a href="http://www.lamedicare.com">www.lamedicare.com</a>
Missouri	(314) 212-1999	<a href="http://www.momedicare.com">www.momedicare.com</a>
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Editor: Joyce Velasco, Missouri

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