Local Coverage Determination (LCD) for Pulmonary Function Testing (L28295)

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Palmetto GBA

**Document Information**

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**Original Determination Ending Date**

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**Revision Ending Date**
American Dental Association.

**CMS National Coverage Policy**

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

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

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

42 CFR §410.32 and §410.33, indicate that diagnostic tests are payable only when ordered by the physician who is treating the beneficiary for a specific medical problem and who uses the results in such treatment.


CMS Manual System, Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, §§60 and 80, indicate that the technical component of diagnostic tests are not covered as "incident-to" physician healthcare services, but under a distinct coverage category and subject to supervision levels found in the Physician Fee Schedule database. See also 42 CFR §§410.32 and 410.33.

Ruling of the Administrator 95-1 (HCFA Ruling 95-1), binding on providers, contractors, and Administrative Law Judges, states that by virtue of their licensure and practice, providers are responsible for knowing norms of community practice.


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

**Pulmonary Function Tests**

Pulmonary Function Tests (PFTs) are a broad range of diagnostic procedures that measure two components of the respiratory system’s functional status: 1) the mechanical ability to move air in and out of the lungs, and 2) the effectiveness of providing oxygen to the body and removing carbon dioxide.

Pulmonary function tests are divided into five general areas:

- Spirometry,
- Lung Volume,
• Diffusion Capacity,
• Lung compliance, and
• Pulmonary Studies during Exercise Testing.

General indications for any of the pulmonary function tests include:

• To determine the presence of lung disease or abnormality of lung function,
• To determine the type of abnormality,
• To determine the extent of abnormality,
• To determine the extent of disability due to abnormal lung function, and
• To determine and evaluate one or more courses of therapy in the treatment of the particular condition.

General limitations for any of the pulmonary function tests include:

• All diagnostic tests payable by Medicare must be ordered by a treating physician and used in patient care. Community standards always apply.
• The various modalities to assess pulmonary function must be used in a purposeful and logical sequence.
• Tests performed as components rather than as a single test will be denied.
• CPT 94664 is intended for device "demonstration and/or evaluation" and will be usually paid for once per beneficiary for the same provider or group. (Occasional extenuating circumstances, new equipment, etc, may merit two sessions or other repeat training or evaluation. Simple follow-up observation during an E/M exam for pulmonary disease is not a stand-alone procedure, unless the E/M session is not billed).
• **Medicare does not cover screening tests.** Medicare coverage excludes routine (screening) tests for asymptomatic patients with or without high risk of lung disease (e.g., prolonged smoking history). It also excludes studies as part of a routine exam, and studies as part of an epidemiological survey.

**Medical necessity is an overriding requirement for Medicare coverage of diagnostic testing.** When a diagnosis or evaluation can be made clinically or when test results are not necessary to manage the patient’s disease, then Pulmonary Function Testing is not reasonable and necessary. In addition, on routine visits for other medical conditions, when a patient claims to be stable or does not report clinically meaningful changes in pulmonary status, and physical exam and interview confirm this, repeat testing is unlikely to be necessary. Palmetto GBA has found that in many patients routine use of PFTs at each office visit is not a necessary and reasonable clinical practice and as such, cannot be reimbursed.

Providers should pay particular attention to guidelines for the usage of the following CPT codes relative to Medicare’s standards of reasonable and necessary care: 94070, 94200, 94640, 94726, 94727, 94729 and 94750.
1. Spirometry:

Spirometry is performed by having the patient breathe into a mouthpiece that is connected to an instrument called a spirometer. The spirometer records the amount of air and the rate that it is breathed in and out over a specified amount of time (approximately 10 seconds). Some of the test measurements are obtained by normal breathing and other measurements require forced inhalation and exhalation.

Spirometry is most useful for assessing obstructive lung diseases such as asthma and chronic obstructive pulmonary disease (COPD).

CPT codes for Spirometry include 94010, 94011, 94012, 94060, 94070, 94150, 94200, 94375, 94726 and 94727. Routine and/or repetitive billing for unnecessary batteries of tests is not clinically reasonable.

Specific indications for spirometry include:

Diagnostic indications:

- Detect the presence or absence of lung dysfunction suggested by history or clinically significant physical signs and symptoms,
- Detect the presence or absence of lung dysfunction suggested by other abnormal diagnostic tests (e.g., radiography, arterial blood gas analysis).

Monitoring indications:

- Quantify the severity of known lung disease,
- Assess the change in lung function over time,
- Assess the change in lung function following administration of or a change in therapy,
- Assess the risk for surgical procedures known to affect lung function.

Limitations to performing spirometry are:

- Routine or repetitive batteries of tests are not clinically reasonable.
- In many scenarios, simple spirometry is a mainstay of pulmonary function testing and is usually sufficient to differentiate between obstructive and restrictive disorders and evaluate their severity. Extensive testing may often not be necessary for adequate clinical assessment.
- Post-bronchodilator spirometry is used to evaluate the reversible component of bronchospasm and to determine if the patient is a bronchodilator therapy candidate. Claims for CPT code 94060 will be subject to medical review as follows: there are clinical signs and symptoms consistent with bronchospasm; or spirometry without bronchodilator is abnormal; or reversibility or nonreversibility of bronchospasm has not
been demonstrated. Repeat studies are covered only with clinically significant change, necessitating adjustment/augmentation of therapy, appropriately documented.

- General clinical contraindications to spirometry include: hemoptysis of unknown origin, pneumothorax, unstable cardiovascular status, thoracic/abdominal or cerebral aneurysms, recent eye surgery, recent thoracic or abdominal surgery, and presence of acute disease processes that interfere with test performance.

2. Lung volume

The entire lung volume is not measured by simple spirometry because it is larger than the air quantity exhaled/inhaled. Lung volume is measured when a person breathes nitrogen or helium gas through a tube for a specified period of time. The change in concentration of the gas in a chamber attached to the tube is measured before and after test breathing, allowing estimation of the lung volume. Measures include total lung capacity, residual volume, and functional residual capacity.

Lung volume tests are most useful for assessing restrictive lung diseases such as those caused by scarring inside the lungs or by abnormalities in the ribcage or muscles of the chest wall.

CPT codes for lung volume determination are 94013, 94250, 94726, 94727, and 94728. CPT code 94750 may be added when clinically relevant (see Section 4).

Indications for a lung volume test are as follows, when consistent with community standards of reasonable clinical practice:

- Evaluation of the type and degree of pulmonary dysfunction,
- Evaluation of dyspnea, cough, and other symptoms,
- Early detection of lung dysfunction,
- Follow-up and response to therapy,
- Preoperative evaluation,
- Track pulmonary disease progression,
- Assess the effectiveness of therapy for pulmonary conditions,
- Pre and post-op evaluations for Lung Volume Reduction Surgery (LVRS).

Limitations to performing a lung volume test are:

- Functional Residual Capacity (FRC) may be artificially high if the measurement is taken at a higher lung volume secondary to pain or anxiety,
- Subject cooperation is necessary,
- A complete evaluation may require the use of inhaled gases,
- Repetitive testing of total lung volume is not usually clinically necessary.
3. Diffusion Capacity

Diffusion capacity is measured when a person breathes in a measured amount of carbon monoxide for a very short time (often just one breath). While breathing out, the concentration of carbon monoxide is measured. The difference in the amount of carbon monoxide inhaled and the amount exhaled allows estimation of how rapidly gases can travel from the lungs into the blood.

Diffusion capacity tests are most useful for the assessment of how well the lung tissues transfer oxygen from the air inside the lungs, across thin membranes, into the blood.

CPT codes for diffusion capacity include 94729.

**Indications for diffusion capacity (DLCO) are as follows, when consistent with community standards of reasonable clinical practice:**

- Evaluate and follow up parenchymal lung diseases associated with dusts or drug reactions or Sarcoidosis,
- Evaluate and follow up emphysema and cystic fibrosis,
- Differentiate between chronic bronchitis, emphysema, and asthma in patient with obstructive patterns,
- Evaluate the pulmonary involvement in systemic diseases (e.g., rheumatoid arthritis, systemic lupus),
- Help in the evaluation of some types of cardiovascular disease (e.g., primary pulmonary hypertension, pulmonary edema, acute or recurrent thromboembolism),
- Predict arterial desaturation during exercise in chronic obstructive pulmonary disease,
- Evaluate and quantify the disability associated with interstitial lung disease,
- Evaluate the effects of chemotherapy agents or other drugs known to induce pulmonary dysfunction,
- Evaluate hemorrhagic disorders.

**Limitations to performing a diffusion capacity test are:**

- Mental confusion or muscular incoordination preventing the subject from adequately performing the maneuver,
- Single breath DLCO requires breath holding at maximal inhalation. Some patients may be limited by syncopal symptoms triggered by an associated Valsalva or Muller maneuver which may slow the heart rate.

4. Lung Compliance

Lung compliance studies are performed only when all other PFTs give equivocal results or results which must be confirmed by additional lung compliance testing. Lung compliance measures the elastic recoil/stiffness of the lungs. It is more invasive than other PFTs, because the patient is required to swallow an esophageal balloon.
The CPT code for lung compliance testing is 94750.

5. Pulmonary Studies during Exercise Testing

Pulmonary stress testing is done in two (2) forms.

- The simple pulmonary stress testing (CPT code 94620) is a test that allows quantification of workload and heart rate activity, while measuring the degree of oxygen desaturation. This test is undertaken to measure the degree of hypoxemia or desaturation that occurs with exertion. CPT code 94620 is also used to optimize titration of supplemental oxygen for the correction of hypoxemia.

- A more complex protocol involves the measurements of oxygen uptake, CO2 production, and O2. This is defined by CPT code 94621. Indications for this protocol include the following:
  - To distinguish between cardiac and pulmonary causes for dyspnea;
  - To determine the need for and dose of ambulatory oxygen;
  - To assist in developing a safe exercise prescription for patients with cardiovascular or pulmonary disease;
  - To predict the morbidity of lung resection; or
  - To titrate optimal settings in selected patients who have physiologic pacemakers.

CPT codes for pulmonary stress testing include 94620 and 94621.

Qualifications of personnel

Specific requirements for IDTF personnel and other IDTF requirements are found in the IDTF Article, specifically the IDTF Table, located on the J1 A/B MAC Web site (www.PalmettoGBA.com/J1B).

Personnel who perform all pulmonary function tests should have verifiable training in all aspects of spirometry, lung volume, diffusion capacity, lung compliance, and pulmonary exercise testing, including equipment operation, quality control, and test outcomes relative to diagnosis and medical history.

This A/B MAC would anticipate that clinical practices with heavy emphasis on extensive batteries of complex pulmonary function tests and primary focus on treating severe pulmonary disease would often be managed by pulmonologists or by other physicians with specialized experience in respiratory disorders, and that such pulmonary testing centers would often have staff with specific training in respiratory therapy (for example, associate degree in respiratory therapy, licensure as a Respiratory Care Practitioner, or National Board of Respiratory Care (NBRC) certification).
According to National Regulations, clinics which are (a) not physician owned and which are (b) billing Medicare primarily for diagnostic tests may be required to enroll as IDTFs. For example, a nonphysician owner who establishes a diagnostic PFT clinic by leasing office space, equipment, and hiring technicians, and hires a retired ophthalmologist to provide off-site (general) supervision of diagnostic testing without treatment would be more appropriately enrolled as an IDTF.

**Bill Type Codes:**
Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.
999x Not Applicable

**Revenue Codes:**
Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.
999999 Not Applicable

**CPT/HCPCS Codes**
94010 Breathing capacity test
94011 Spirometry up to 2 yrs old
94012 Spirmtry w/brnchdil inf-2 yr
94013 Meas lung vol thru 2 yrs
94060 Evaluation of wheezing
94070 Evaluation of wheezing
94150 Vital capacity test
94200 Lung function test (MBC/MVV)
94250 Expired gas collection
94375 Respiratory flow volume loop
94400 CO2 breathing response curve
94450 Hypoxia response curve
94620 Pulmonary stress test/simple
94621 Pulm stress test/complex
94640 Airway inhalation treatment
94664 Evaluate pt use of inhaler
94680 Exhaled air analysis o2
Exhaled air analysis o2/co2
94690  Exhaled air analysis
94726  Pulm funct tst plethysmograp
94727  Pulm function test by gas
94728  Pulm funct test oscillometry
94729  Co/membrane diffuse capacity
94750  Pulmonary compliance study

ICD-9 Codes that Support Medical Necessity

Section A - The following ICD-9-CM codes are covered for CPT codes 94010, 94011, 94012, 94013, 94060, 94150, 94200, 94375, 94726, 94727 and 94729:

TUBERCULOSIS OF LUNG INFILTRATIVE CONFIRMATION
011.00 - TUBERCULOSIS OF LUNG INFILTRATIVE TUBERCLE BACILLI NOT FOUND BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
011.06 - TUBERCULOSIS OF LUNG NODULAR UNSPECIFIED EXAMINATION - TUBERCULOSIS OF LUNG NODULAR TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
011.10 - TUBERCULOSIS OF LUNG WITH CAVITATION UNSPECIFIED EXAMINATION - TUBERCULOSIS OF LUNG WITH CAVITATION TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
011.20 - TUBERCULOUS FIBROSIS OF LUNG UNSPECIFIED EXAMINATION - TUBERCULOUS FIBROSIS OF LUNG TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
011.30 - TUBERCULOUS BRONCHIECTASIS UNSPECIFIED EXAMINATION - TUBERCULOUS BRONCHIECTASIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
OF ANIMALS)

**TUBERCULOUS PNEUMONIA (ANY FORM) UNSPECIFIED EXAMINATION - TUBERCULOUS PNEUMONIA (ANY FORM)**

- **011.60** TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
- **011.66** HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)

**TUBERCULOUS PNEUMOTHORAX UNSPECIFIED EXAMINATION - TUBERCULOUS PNEUMOTHORAX TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)**

- **011.70** TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
- **011.76** OTHER SPECIFIED PULMONARY TUBERCULOSIS UNSPECIFIED CONFIRMATION - OTHER SPECIFIED PULMONARY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
- **011.80** HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
- **011.86** UNSPECIFIED PULMONARY TUBERCULOSIS CONFIRMATION UNSPECIFIED - UNSPECIFIED PULMONARY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
- **011.90** HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
- **011.96** TUBERCULOSIS OF INTRATHORACIC LYMPH NODES CONFIRMATION UNSPECIFIED - TUBERCULOSIS OF INTRATHORACIC LYMPH NODES TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
- **012.00** ISOLATED TRACHEAL OR BRONCHIAL TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
- **012.06** TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
- **012.10** TUBERCULOUS PLEURISY CONFIRMATION UNSPECIFIED - TUBERCULOUS PLEURISY TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
- **012.16** TUBERCULOSIS OF INTRATHORACIC LYMPH NODES CONFIRMATION UNSPECIFIED - TUBERCULOSIS OF INTRATHORACIC LYMPH NODES TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
- **012.20** ISOLATED TRACHEAL OR BRONCHIAL TUBERCULOSIS CONFIRMATION UNSPECIFIED - ISOLATED TRACHEAL OR BRONCHIAL TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
- **012.26** TUBERCULOUS LARYNGITIS CONFIRMATION UNSPECIFIED - TUBERCULOUS LARYNGITIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
- **012.30** TUBERCULOUS PNEUMONIA (ANY FORM) TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
- **012.36** TUBERCULOSIS OF INTRATHORACIC LYMPH NODES CONFIRMATION UNSPECIFIED - TUBERCULOSIS OF INTRATHORACIC LYMPH NODES TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
OTHER SPECIFIED RESPIRATORY TUBERCULOSIS UNSPECIFIED EXAMINATION - OTHER SPECIFIED RESPIRATORY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)

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

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

PULMONARY DISEASES DUE TO OTHER MYCOBACTERIA

PULMONARY ACTINOMYCOTIC INFECTION

ACUTE PARALYTIC POLIOMYELITIS SPECIFIED AS BULBAR UNSPECIFIED TYPE OF POLIOVIRUS - ACUTE PARALYTIC POLIOMYELITIS SPECIFIED AS BULBAR POLIOVIRUS TYPE III

PRIMARY COCCIDIOIDOMYCOSIS (PULMONARY)

BLASTOMYCOSIS

SPOROTRICHOSIS

CRYPTOCOCCOSIS

PNEUMONITIS DUE TO TOXOPLASMOSIS

SARCOIDOSIS

LATE EFFECTS OF RESPIRATORY OR UNSPECIFIED TUBERCULOSIS

LATE EFFECTS OF ACUTE POLIOMYELITIS

MALIGNANT NEOPLASM OF TRACHEA - MALIGNANT NEOPLASM OF LOWER LOBE BRONCHUS OR LUNG

MALIGNANT NEOPLASM OF OTHER PARTS OF BRONCHUS OR LUNG

MALIGNANT NEOPLASM OF BRONCHUS AND LUNG UNSPECIFIED

MALIGNANT NEOPLASM OF PARIETAL PLEURA

MALIGNANT NEOPLASM OF VISCERAL PLEURA

MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF PLEURA

MALIGNANT NEOPLASM OF PLEURA UNSPECIFIED

MALIGNANT NEOPLASM OF THYMUS - MALIGNANT NEOPLASM OF POSTERIOR MEDIASTINUM

MALIGNANT NEOPLASM OF OTHER PARTS OF MEDIASTINUM

MALIGNANT NEOPLASM OF MEDIASTINUM PART UNSPECIFIED

MALIGNANT NEOPLASM OF UPPER RESPIRATORY TRACT PART
165.8 MALIGNANT NEOPLASM OF OTHER SITES WITHIN THE RESPIRATORY SYSTEM AND INTRATHORACIC ORGANS
165.9 MALIGNANT NEOPLASM OF ILL-DEFINED SITES WITHIN THE RESPIRATORY SYSTEM
197.0 - 197.3 SECONDARY MALIGNANT NEOPLASM OF LUNG - SECONDARY MALIGNANT NEOPLASM OF OTHER RESPIRATORY ORGANS
212.3 - 212.5 BENIGN NEOPLASM OF BRONCHUS AND LUNG - BENIGN NEOPLASM OF MEDIASTINUM
228.1 LYMPHANGIOMA ANY SITE
231.2 CARCINOMA IN SITU OF BRONCHUS AND LUNG
231.8 CARCINOMA IN SITU OF OTHER SPECIFIED PARTS OF RESPIRATORY SYSTEM
231.9 CARCINOMA IN SITU OF RESPIRATORY SYSTEM PART UNSPECIFIED NEOPLASM OF UNCERTAIN BEHAVIOR OF STOMACH INTESTINES AND RECTUM
235.2 NEOPLASM OF UNCERTAIN BEHAVIOR OF TRACHEA BRONCHUS AND LUNG - NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED RESPIRATORY ORGANS
235.7 - 235.9 NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE
238.1 NEOPLASM OF UNSPECIFIED NATURE OF RESPIRATORY SYSTEM
238.4 POLYCYTHEMIA VERA
239.1 NEOPLASM OF UNSPECIFIED NATURE OF RESPIRATORY SYSTEM
277.00 - 277.03 CYSTIC FIBROSIS WITHOUT MECONIUM ILEUS - CYSTIC FIBROSIS WITH GASTROINTESTINAL MANIFESTATIONS
277.09 CYSTIC FIBROSIS WITH OTHER MANIFESTATIONS
277.81 - PRIMARY CARNITINE DEFICIENCY - DISORDERS OF MITOCHONDRIAL METABOLISM
277.87
277.89 OTHER SPECIFIED DISORDERS OF METABOLISM
289.0 POLYCYTHEMIA SECONDARY
335.20 AMYOTROPHIC LATERAL SCLEROSIS
335.22 PROGRESSIVE BULBAR PALSY
343.0 - 343.4 CONGENITAL DIPELAGIA - INFANTILE HEMIPLEGIA
343.8 OTHER SPECIFIED INFANTILE CEREBRAL PALSY
343.9 INFANTILE CEREBRAL PALSY UNSPECIFIED
344.00 - QUADRIPLEGIA UNSPECIFIED - QUADRIPLEGIA C5-C7 INCOMPLETE
344.04
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<td>UNSPECIFIED DIASTOLIC HEART FAILURE - ACUTE ON CHRONIC DIASTOLIC HEART FAILURE</td>
</tr>
<tr>
<td>428.40</td>
<td>UNSPECIFIED COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE - ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE</td>
</tr>
<tr>
<td>428.50</td>
<td>OTHER PARALYTIC SYNDROME AFFECTING UNSPECIFIED SIDE - OTHER PARALYTIC SYNDROME BILATERAL</td>
</tr>
<tr>
<td>438.0</td>
<td>COGNITIVE DEFICITS</td>
</tr>
<tr>
<td>438.20</td>
<td>HEMIPLEGIA AFFECTING UNSPECIFIED SIDE - HEMIPLEGIA AFFECTING NONDOMINANT SIDE</td>
</tr>
<tr>
<td>438.50</td>
<td>OTHER PARALYTIC SYNDROME AFFECTING UNSPECIFIED SIDE - OTHER PARALYTIC SYNDROME BILATERAL</td>
</tr>
<tr>
<td>438.81</td>
<td>APRAXIA CEREBROVASCULAR DISEASE - VERTIGO</td>
</tr>
</tbody>
</table>
438.89 OTHER LATE EFFECTS OF CEREBROVASCULAR DISEASE
438.9 UNSPECIFIED LATE EFFECTS OF CEREBROVASCULAR DISEASE
446.21 GOODPASTURE’S SYNDROME
446.4 WEGENER’S GRANULOMATOSIS
464.10 ACUTE TRACHEITIS WITHOUT OBSTRUCTION
464.11 ACUTE TRACHEITIS WITH OBSTRUCTION
466.0 ACUTE BRONCHITIS
466.11 ACUTE BRONCHIOLITIS DUE TO RESPIRATORY SYNCYTIAL VIRUS (RSV)
466.19 ACUTE BRONCHIOLITIS DUE TO OTHER INFECTIOUS ORGANISMS
488.01 INFLUENZA DUE TO IDENTIFIED AVIAN INFLUENZA VIRUS WITH PNEUMONIA
488.02 INFLUENZA DUE TO IDENTIFIED AVIAN INFLUENZA VIRUS WITH OTHER RESPIRATORY MANIFESTATIONS
488.19 INFLUENZA DUE TO IDENTIFIED 2009 H1N1 INFLUENZA VIRUS WITH OTHER MANIFESTATIONS
488.81 INFLUENZA DUE TO IDENTIFIED NOVEL INFLUENZA A VIRUS WITH PNEUMONIA
488.82 INFLUENZA DUE TO IDENTIFIED NOVEL INFLUENZA A VIRUS WITH OTHER RESPIRATORY MANIFESTATIONS
488.89 INFLUENZA DUE TO IDENTIFIED NOVEL INFLUENZA A VIRUS WITH OTHER MANIFESTATIONS
490 BRONCHITIS NOT SPECIFIED AS ACUTE OR CHRONIC
491.0 SIMPLE CHRONIC BRONCHITIS
491.1 MUCOPURULENT CHRONIC BRONCHITIS
491.20 - 491.22 OBSTRUCTIVE CHRONIC BRONCHITIS WITHOUT EXACERBATION - OBSTRUCTIVE CHRONIC BRONCHITIS WITH ACUTE BRONCHITIS
491.8 OTHER CHRONIC BRONCHITIS
491.9 UNSPECIFIED CHRONIC BRONCHITIS
492.0 EMPHYSEMATOUS BLOB
492.8 OTHER EMPHYSEMA
493.00 - 493.02 EXTRINSIC ASTHMA UNSPECIFIED - EXTRINSIC ASTHMA WITH (ACUTE) EXACERBATION
493.10 - 493.12 INTRINSIC ASTHMA UNSPECIFIED - INTRINSIC ASTHMA WITH (ACUTE) EXACERBATION
493.20 - 493.22 CHRONIC OBSTRUCTIVE ASTHMA UNSPECIFIED - CHRONIC OBSTRUCTIVE ASTHMA WITH (ACUTE) EXACERBATION
493.81 EXERCISE-INDUCED BRONCHOSPASM
493.82 COUGH VARIANT ASTHMA
493.90 ASTHMA UNSPECIFIED - ASTHMA UNSPECIFIED WITH (ACUTE) EXACERBATION
493.92 BRONCHIECTASIS WITHOUT ACUTE EXACERBATION
493.92 BRONCHIECTASIS WITH ACUTE EXACERBATION
495.0 FARMERS' LUNG - UNSPECIFIED ALLERGIC ALVEOLITIS AND FARMERS' LUNG
495.9 PNEUMONITIS
496 CHRONIC AIRWAY OBSTRUCTION NOT ELSEWHERE CLASSIFIED
500 - COAL WORKERS' PNEUMOCONIOSIS - PNEUMOCONIOSIS
505 UNSPECIFIED
506.0 BRONCHITIS AND PNEUMONITIS DUE TO FUMES AND VAPORS - CHRONIC RESPIRATORY CONDITIONS DUE TO FUMES AND VAPORS
506.9 UNSPECIFIED RESPIRATORY CONDITIONS DUE TO FUMES AND VAPORS
507.0 PNEUMONITIS DUE TO INHALATION OF FOOD OR VOMITUS
507.1 PNEUMONITIS DUE TO INHALATION OF OILS AND ESSENCES
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508.1 CHRONIC AND OTHER PULMONARY MANIFESTATIONS DUE TO RADIATION
508.2 RESPIRATORY CONDITIONS DUE TO SMOKE INHALATION
508.8 RESPIRATORY CONDITIONS DUE TO OTHER SPECIFIED EXTERNAL AGENTS
508.9 RESPIRATORY CONDITIONS DUE TO UNSPECIFIED EXTERNAL AGENT
510.0 EMPYEMA WITH FISTULA
510.9 EMPYEMA WITHOUT FISTULA
511.0 PLEURISY WITHOUT EFFUSION OR CURRENT TUBERCULOSIS
511.1 PLEURISY WITH EFFUSION WITH A BACTERIAL CAUSE OTHER THAN TUBERCULOSIS
511.81 MALIGNANT PLEURAL EFFUSION
511.89 OTHER SPECIFIED FORMS OF EFFUSION, EXCEPT TUBERCULOUS
511.9 UNSPECIFIED PLEURAL EFFUSION
514 PULMONARY CONGESTION AND HYPOSTASIS
515 POSTINFLAMMATORY PULMONARY FIBROSIS
516.0 PULMONARY ALVEOLAR PROTEINOSIS
516.1 IDIOPATHIC PULMONARY HEMOSIDEROSIS
516.2 PULMONARY ALVEOLAR MICROLITHIASIS
516.30 IDIOPATHIC INTERSTITIAL PNEUMONIA, NOT OTHERWISE
713.4 ARTHROPATHY ASSOCIATED WITH RESPIRATORY DISORDERS
714.0 RHEUMATOID ARTHRITIS - OTHER RHEUMATOID ARTHRITIS WITH
714.2 VISCERAL OR SYSTEMIC INVOLVEMENT
714.30 CHRONIC OR UNSPECIFIED POLYARTICULAR JUVENILE
RHEUMATOID ARTHRITIS
714.81 RHEUMATOID LUNG
720.1 SPINAL ENTHESOPATHY
720.2 SACROILIITIS NOT ELSEWHERE CLASSIFIED
720.81 INFLAMMATORY SPONDYLOPATHIES IN DISEASES CLASSIFIED
ELSEWHERE
720.89 OTHER INFLAMMATORY SPONDYLOPATHIES
720.9 UNSPECIFIED INFLAMMATORY SPONDYLOPATHY
737.10 KYPHOSIS (ACQUIRED) (POSTURAL) - KYPHOSIS
737.12 POSTLAMINECTOMY
737.19 OTHER KYPHOSIS ACQUIRED
737.30 SCOLIOSIS (AND KYPHOSCOLIOSIS) IDIOPATHIC -
THORACOCGENIC SCOLIOSIS
737.34
738.3 ACQUIRED DEFORMITY OF CHEST AND RIB
738.4 ACQUIRED SPONDYLOLISTHESIS
754.81 PECTUS EXCAVATUM
754.82 PECTUS CARINATUM
782.5 CYANOSIS
786.00 RESPIRATORY ABNORMALITY UNSPECIFIED - WHEEZING
786.07
786.09 RESPIRATORY ABNORMALITY OTHER
786.1 STRIDOR
786.2 COUGH
790.91 ABNORMAL ARTERIAL BLOOD GASES
793.11 SOLITARY PULMONARY NODULE
793.19 OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD
794.2 NONSPECIFIC ABNORMAL RESULTS OF FUNCTION STUDY OF
PULMONARY SYSTEM
799.01 ASPHYXIA
799.02 HYPOXEMIA
987.0 TOXIC EFFECT OF LIQUEFIED PETROLEUM GASES - TOXIC EFFECT
987.9 OF UNSPECIFIED GAS FUME OR VAPOR
989.84 TOXIC EFFECT OF TOBACCO
V12.01 PERSONAL HISTORY OF TUBERCULOSIS
Section B - The following ICD-9-CM codes are covered for CPT code 94070:

- 493.00 EXTRINSIC ASTHMA UNSPECIFIED
- 493.01 EXTRINSIC ASTHMA WITH STATUS ASTHMATICUS
- 493.82 COUGH VARIANT ASTHMA
- 493.90 ASTHMA UNSPECIFIED
- 493.91 ASTHMA UNSPECIFIED TYPE WITH STATUS ASTHMATICUS
- 518.89 OTHER DISEASES OF LUNG NOT ELSEWHERE CLASSIFIED
- 786.2 COUGH

Section C - The following ICD-9-CM codes are covered for CPT codes 94620, and 94621:

- 278.03 OBESITY HYPOVENTILATION SYNDROME
- 493.81 EXERCISE-INDUCED BRONCHOSPASM
- 786.00 RESPIRATORY ABNORMALITY UNSPECIFIED
- 786.05 SHORTNESS OF BREATH
- 786.06 TACHYPNEA
- 786.07 WHEEZING
- 786.09 RESPIRATORY ABNORMALITY OTHER
- V58.69 LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS

Section D - The following CPT codes apply to any diagnosis codes from Sections A, B, or C: 94013, 94250, 94400, 94450, 94640, 94680, 94681, 94726, 94727, 94728, 94729, and 94750.

CPT code 94664 applies to any diagnosis code from section A, B, or C. See sections for Indication or Utilization.

XX000 Not Applicable

**Diagnoses that Support Medical Necessity**

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

**ICD-9 Codes that DO NOT Support Medical Necessity**

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation
Diagnoses that DO NOT Support Medical Necessity
Any diagnosis inconsistent with the Indications and Limitations of Coverage and/or Medical Necessity section, or the ICD-9-CM descriptors in the ICD-9-CM Codes That Support Medical Necessity section.

Documentations Requirements
Supportive documentation evidencing the condition and treatment is expected to be documented in the medical record and be available upon request.

Contractors are explicitly authorized to request additional documentation from third parties (e.g. ordering physician) when needed to evaluate the medical necessity of the service, and may consider care prior to or subsequent to the service in question.

Each claim must be submitted with ICD-9-CM codes that reflect the actual condition of the patient. The mere listing of an ICD-9-CM code alone does not justify the test if the overall context and condition of the patient do not support necessity of the test.

All providers of pulmonary function tests should have on file a referral (an order, a prescription) with clinical diagnoses and requested tests. Indications in the primary medical record must be available for review.

All equipment and studies should meet minimum standards as outlined by the American Thoracic Society.

Spirometry studies, in particular, require 3 attempts to be clinically acceptable.

All studies require an interpretation with a written report. Computerized reports must have a physician’s signature attesting to review and accuracy.

Documentation must be available to Medicare upon request and must be legible. The medical record must document the test results and usage in treatment.

Appendices
Utilization Guidelines
American Thoracic Society and the American Lung Association and the American College of Chest Physicians have published guidelines for typical usage of pulmonary function tests which represent typical community norms.

Follow up testing which is weekly or monthly is appropriate only when clinically required, such as in periods of acute exacerbation of interstitial lung disease.

PFTs are diagnostic, not therapeutic. PFTs are not used to demonstrate breathing exercises.

Demonstration/observation of a nebulizer (94664) is usually used once or at rare intervals as a stand-alone procedure code. See Indications and Limitations.

Sources of Information and Basis for Decision


This contractor’s prior LCDs "Pulmonary Function Tests", (L10375, L10412) which will be retired once this policy becomes effective.

Other contractors’ LCDs including Healthnow (L3929, in particular for pulmonary exercise testing), BCBS Arkansas (L13428), and Trailblazer (L11908).

Contractor Medical Director

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

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

Contractor Advisory Committee meeting dates:
California -
Hawaii -
Nevada -

Start Date of Comment Period
End Date of Comment Period
Start Date of Notice Period
06/16/2008

Revision History Number
Revision #12

Revision History Explanation
Revision #12 effective for dates of service on or after 03/22/2012
Revision made: CMS National Coverage Policy, Pub. 100-08, Chapter 10, Section 5 was removed from this section of the Medicare Program Integrity Manual and the Program Integrity Manual, Chapter 15, §§15.5.19-15.5.19.7 addresses IDTF Standards. Sources of Information and Basis for Decision, verified web addresses.

Revision #11 effective for dates of service on or after 01/01/2012
Revisions made: CMS National Coverage Policy, Pub. 00-08, Ch 3, Section 3.4.1.3.B changed to now read 3.4.1.3. Indications and Limitations of Coverage and/or Medical
Necessity removed invalid CPT codes and replaced with relative new CPT codes. CPT/HCPCS Codes added CPT codes 94726, 94727, 94728, and 94729. Removed invalid CPT codes 94240, 94260, 94350, 94360, 94370, 94720, 97425, the addition and removal of the CPT codes were due to the CR 7540 2012 Annual HCPCS Update.

Revision #10 effective for dates of service on or after 10/01/2011

Revision #9 effective for dates of service on or after 04/28/2011
Revisions made: Under CMS National Coverage Policy Publication 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.4.1.1.E was revised to read 3.4.1.1.G. Under Sources of Information and Basis for Decision updated web site address for reference Puritan Bennett Reimbursement: Spirometry. Available at: www.puritanbennett.com/remb/spirometry.aspx. Updated web site for Respiratory Care Board of California for education and scope of practice www.rcb.ca.gov/applicants/education_regs.shtml and www.rcb.ca.gov/licensees/scopeofprac.shtml. Removed reference Virtual Naval Hospital Pulmonary Function Testing as this website is no longer available and was unable to locate manual for Pulmonary.

Revision #8 effective for dates of service on or after 10/01/2010
Revisions made: Under ICD-9 Codes that Support Medical Necessity, ICD-9 code 278.03 was added to section C and 488.01, 488.02 and 488.19 were added to section A of the ICD-9 Codes that Support Medical Necessity per the Annual Update of International Classification of Diseases, Ninth Revision, Clinical Modifications (ICD-9-CM) per CR 7006, Transmittal 2017, and dated August 4, 2010.
Revision #7 effective for dates of service on or after 01/01/2010
Revisions made: Annual 2010 CPT/HCPCS update, under Indications and Limitations of Coverage and/or Medical Necessity, subheading Spirometry added 94011 and 94012 to the 3 paragraph, first sentence. Under subheading Lung volume added CPT code 94013 to third paragraph. Under CPT/HCPCS Codes added CPT code 94011, 940122 and 94013. Under ICD-9 codes that Support Medical Necessity under Section A, paragraph added CPT codes 94011, 94012 and 94013, under Section D, paragraph added CPT code 94013.

Revision #6 effective for dates of service on or after 10/01/2009.
Revisions made: Under "ICD-9 Codes that Supports Medical Necessity" the following codes were added 359.71, 359.79 and 416.2 to support the medical necessity of CPT codes 94010, 94060, 94150, 94200, 94240, 94375, and 94720. ICD-9 code 793.1 had its descriptor revised. This revision is per CMS Manual System, Publication 100-04, Medicare Claims Process Manual, Chapter 23, §10.2; Annual Update of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), CR 6520, Transmittal 1770, dated July 10, 2009.
Revision #5 effective for dates of service on or after 06/04/2009
Revision made: Under "Indications and Limitations of Coverage and/or Medical Necessity" subheading 'Qualifications of personnel' removed reference to IDTF LCD and replaced reference with IDTF Article and IDTF Table as this LCD was retired.

Revision #4 effective for dates of service on or after 04/30/2009
Revisions made: Under "CMS National Coverage Policy" citation Pub.100-08, Chapter 3, §3.4.1.1.4 was corrected to §3.4.1.1.E. Under "Indications and Limitations of Coverage and/or Medical Necessity" removed language regarding outgoing contractor and Medical Reviews observation of overutilization of specific CPT codes. Reworded statement to read as follows: "Palmetto GBA has found that in many patients routine use of PFT at each office visit is not a necessary and reasonable clinical practice and as such, cannot be reimbursed." Statement regarding overutilization analysis of Medical Review by previous contractor was replaced with statement regarding specific CPT codes and the need to pay particular attention to guidelines regarding those specific codes.

Revision #3, 02/26/2009
This LCD is being revised to implement the streamlining of the Part B LCDs per the published article “Palmetto Team to Streamline Part B LCDs in Jurisdiction 1 (J1).” This article can be viewed at www.PalmettoGBA.com by searching for the above article name. This revision will become effective on 02/26/2009.

Revision #2, 10/01/2008
This LCD is being revised due to the annual FY 2009 ICD-9-CM code update. Under "ICD-9 Codes that Support Medical Necessity" section 511.8 was expanded to a 5th digit to read 511.81 and 511.89 for CPT codes 94010, 94060, 94150, 94200, 94240, 94375, 94720 under "Section A" and CPT codes 94250, 94260, 94350, 94360, 94370, 94400, 94450, 94640, 94680, 94681, 94690, 94725, and 94750 under "Section D". Under "Documentation Requirements" and "Indications and Limitations of Coverage and/or Medical Necessity" sections, deleted duplicate CMS Manual and SSA citations. Under "Sources of Information and Basis for Decision" references were placed in the AMA citation format. This revision will become effective 10/01/2008.

Revision #1, 09/02/2008
This LCD is being revised to add Bill Type 999X because the automated system transcription process was incomplete.

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

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

11/21/2010 - For the following CPT/HCPCS codes either the short description and/or the long description was changed. Depending on which description is used in this LCD, there may not be any change in how the code displays in the document:
94011 descriptor was changed in Group 1
94012 descriptor was changed in Group 1
94013 descriptor was changed in Group 1
94680 descriptor was changed in Group 1
94681 descriptor was changed in Group 1

08/27/2011 - This policy was updated by the ICD-9 2011-2012 Annual Update.
11/21/2011 - The following CPT/HCPCS codes were deleted:
94240 was deleted from Group 1
94260 was deleted from Group 1
94350 was deleted from Group 1
94360 was deleted from Group 1
94370 was deleted from Group 1
94720 was deleted from Group 1
94725 was deleted from Group 1

11/25/2012 - For the following CPT/HCPCS codes either the short description and/or the long description was changed. Depending on which description is used in this LCD, there may not be any change in how the code displays in the document:
94729 descriptor was changed in Group 1

Reason for Change

Related Documents
This LCD has no Related Documents.

LCD Attachments
There are no attachments for this LCD.

Updated on 11/25/2012 with effective dates 03/22/2012 - N/A
Updated on 03/15/2012 with effective dates 03/22/2012 - N/A
Updated on 12/02/2011 with effective dates 01/01/2012 - 03/21/2012
Updated on 09/14/2011 with effective dates 10/01/2011 - 12/31/2011
Updated on 04/21/2011 with effective dates 04/28/2011 - 09/30/2011
Updated on 11/21/2010 with effective dates 10/01/2010 - 04/27/2011
Updated on 09/10/2010 with effective dates 10/01/2010 - N/A

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