



## 190.24 - Digoxin Therapeutic Drug Assay

### Description

A digoxin therapeutic drug assay is useful for diagnosis and prevention of digoxin toxicity, and/or prevention for under dosage of digoxin.

### HCPCS Codes (Alphanumeric, CPT<sup>®</sup> AMA)

Code	Description
80162	Digoxin (Therapeutic Drug Assay)

### ICD-9-CM Codes Covered by Medicare Program

The individual ICD-9-CM codes included in code ranges in the table below can be viewed on CMS' website under Downloads: Lab Code List. The link is: <http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD9.html>

Code	Description
242.00-242.91	Thyrotoxicosis with or without goiter
243	Congenital hypothyroidism
244.0-244.9	Acquired hypothyroidism
245.0-245.9	Thyroiditis
275.2	Disorders of magnesium metabolism
275.40-275.49	Disorders of calcium metabolism
275.5	Hungry bone syndrome
276.0	Hyperosmolality
276.1	Hyposmolality
276.2	Acidosis
276.3	Alkalosis
276.4	Mixed acid-base balance disorder
276.50-276.52	Volume depletion
276.61	Transfusion associated circulatory overload
276.69	Other fluid overload
276.7	Hyperpotassemia
276.8	Hypopotassemia
276.9	Electrolyte and fluid disorders not elsewhere classified
293.0	Delirium due to conditions classified elsewhere
293.1	Subacute delirium
307.47	Other dysfunctions of sleep stages or arousal from sleep
339.3	Drug induced headache, not elsewhere classified
368.16	Psychophysical visual disturbances
368.8	Other specified visual disturbances
368.9	Unspecified visual disturbances

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**\*October 14 Changes – Red**



**Medicare National Coverage Determinations (NCD)  
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Code	Description
397.9	Rheumatic diseases of endocardium
398.0	Rheumatic Myocarditis
398.91	Rheumatic Heart Failure
402.01	Hypertensive heart disease, malignant with heart failure
402.11	Hypertensive heart disease, benign with heart failure
402.91	Hypertensive heart disease, unspecified with heart failure
403.00-403.91	Hypertensive chronic kidney disease
404.00-404.93	Hypertensive heart and chronic kidney disease
410.00-410.92	Acute myocardial infarction
411.0-411.89	Other acute & subacute forms of ischemic heart disease
413.0-413.9	Angina pectoris
414.4	Coronary atherosclerosis due to calcified coronary lesion
422.0-422.99	Acute myocarditis
425.0, 425.11, 425.18, 425.2-425.9	Cardiomyopathy
426.0-426.9	Conduction disorders
427.0-427.9	Cardiac dysrhythmias
428.0-428.9	Heart failure
429.2	Cardiovascular disease, unspecified
429.4	Heart Disturbances Postcardiac Surgery
429.5	Rupture chordae tendineae
429.6	Rupture papillary muscle
429.71	Acquired cardiac septal defect
444.01	Saddle embolus of abdominal aorta
444.09	Other arterial embolism and thrombosis of abdominal aorta
514	Pulmonary congestion & hypostasis
573.5	Hepatopulmonary syndrome
579.9	Unspecified Intestinal malabsorption
584.5	Acute kidney failure with lesion of tubular necrosis
584.6	Acute kidney failure with lesion of renal cortical necrosis
584.7	Acute kidney failure with lesion of renal medullary (papillary) necrosis
584.8	Acute kidney failure with other specified pathological lesion in kidney
584.9	Acute kidney failure, unspecified
585.1-585.9	Chronic kidney disease
586	Renal Failure, unspecified
587	Renal sclerosis, unspecified
588.0	Renal osteodystrophy
588.1	Nephrogenic Diabetes Insipidus
588.81	Secondary hyperparathyroidism (of renal origin)

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**Medicare National Coverage Determinations (NCD)  
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Code	Description
588.89	Other specified disorders resulting from impaired renal function
588.9	Unspecified disorder resulting from impaired renal function
780.01	Coma
780.02	Transient alteration of awareness
780.09	Other ill-defined general symptoms (drowsiness, semicoma, somnolence, stupor, unconsciousness)
780.1	Hallucinations
780.2	Syncope and collapse
780.4	Dizziness and giddiness
780.71	Malaise and fatigue
780.72	Functional quadriplegia
780.79	Other malaise and fatigue
783.0	Anorexia
784.0	Headache
787.01-787.03	Nausea & vomiting
787.04	Bilious emesis
787.91	Diarrhea
794.31	Abnormal electrocardiogram
799.21	Nervousness
799.22	Irritability
799.23	Impulsiveness
799.24	Emotional lability
799.25	Demoralization and apathy
799.29	Other signs and symptoms involving emotional state
972.0	Poisoning by cardiac rhythm regulators
972.1	Poisoning by cardiotonic glycosides & drugs of similar action
995.20	Unspecified adverse effect of unspecified drug, medicinal and biological substance
995.21	Arthus phenomenon
995.24	Failed moderate sedation during procedure
995.27	Other drug allergy
995.29	Unspecified adverse effect of other drug, medicinal & biological substance
*E942.1	Adverse effect of cardiotonic glycosides and drugs of similar action
V58.69	Encounter long term - medication use (not elsewhere classified)
*Code may not be reported as a stand-alone or first-listed code on the claim	

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### **Indications**

Digoxin levels may be performed to monitor drug levels of individuals receiving digoxin therapy because the margin of safety between side effects and toxicity is narrow or because the blood level may not be high enough to achieve the desired clinical effect.

Clinical indications may include individuals on digoxin:

- With symptoms, signs or electrocardiogram (ECG) suggestive of digoxin toxicity
- Taking medications that influence absorption, bioavailability, distribution, and/or elimination of digoxin
- With impaired renal, hepatic, gastrointestinal, or thyroid function
- With pH and/or electrolyte abnormalities
- With unstable cardiovascular status, including myocarditis
- Requiring monitoring of patient compliance

Clinical indications may include individuals:

- Suspected of accidental or intended overdose
- Who have an acceptable cardiac diagnosis (as listed) and for whom an accurate history of use of digoxin is unobtainable

The value of obtaining regular serum digoxin levels is uncertain, but it may be reasonable to check levels once yearly after a steady state is achieved. In addition, it may be reasonable to check the level if:

- Heart failure status worsens
- Renal function deteriorates
- Additional medications are added that could affect the digoxin level
- Signs or symptoms of toxicity develop

Steady state will be reached in approximately 1 week in patients with normal renal function, although 2-3 weeks may be needed in patients with renal impairment. After changes in dosages or the addition of a medication that could affect the digoxin level, it is reasonable to check the digoxin level one week after the change or addition. Based on the clinical situation, in cases of digoxin toxicity, testing may need to be done more than once a week.

Digoxin is indicated for the treatment of patients with heart failure due to systolic dysfunction and for reduction of the ventricular response in patients with atrial fibrillation or flutter. Digoxin may also be indicated to treat other supraventricular arrhythmias, particularly with heart failure.

### **Limitations**

This test is not appropriate for patients on digitoxin or treated with digoxin FAB (fragment antigen binding) antibody.

### **ICD-9-CM Codes That Do Not Support Medical Necessity**

Any ICD-9-CM code not listed in either of the ICD-9-CM covered or non-covered sections.

### **Sources of Information**

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