



Local Coverage Determination (LCD): Molecular Diagnostics: Genitourinary Infectious Disease Testing (L32567)

Contractor Information

Contractor Name Novitas Solutions, Inc.	Contract Number 12502	Contract Type A and B MAC
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LCD Information

Document Information

LCD ID L32567	Jurisdiction Pennsylvania
LCD Title Molecular Diagnostics: Genitourinary Infectious Disease Testing	Original Effective Date For services performed on or after 11/15/2012
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CMS National Coverage Policy

Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.

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 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

Title XVIII of the Social Security Act, Section 1862(a)(1)(D) states that no Medicare payment may be made for any expenses incurred for items or services that are investigational or experimental.

42 Code of Federal Regulations (CFR) section 410.32 indicates 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 Internet-Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 80.1, 80.1.1, 80.1.2, 80.1.3, laboratory services must meet applicable requirements of CLIA.

CMS IOM, Publication 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.4.1.3, Diagnosis Code Requirement.

CMS IOM, Publication 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.6.2.3, Limitation of Liability Determinations.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

Molecular diagnostic testing, which includes DNA- or RNA-based analysis, with or without amplification/quantification, provides sensitive, specific and timely (i.e., relative to that of traditional culture-based methods) identification of diverse biological entities, including microorganisms and tumors. The current LCD will focus upon coverage of the more prevalent (typical) bacterial and fungal organisms (per the eight organism-specific CPT codes, ranging from 87480 to 87660) which are encountered for the majority of gynecological infectious presentations. Conversely, there are less typically encountered (rare) pathogens for which genitourinary (GU) microbiological evaluations (i.e., sometimes including panel testing) are less well-established and even investigational. In this context, medical review, educational outreach, etc. will be conducted on an as-needed basis.

Coding Information

Bill Type Codes

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

12x	Hospital Inpatient (Medicare Part B only)
13x	Hospital Outpatient
14x	Hospital - Laboratory Services Provided to Non-patients
18x	Hospital - Swing Beds
21x	Skilled Nursing - Inpatient (Including Medicare Part A)
22x	Skilled Nursing - Inpatient (Medicare Part B only)
23x	Skilled Nursing - Outpatient
71x	Clinic - Rural Health
72x	Clinic - Hospital Based or Independent Renal Dialysis Center
73x	Clinic - Freestanding
75x	Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF)
77x	Clinic - Federally Qualified Health Center (FQHC)

83x	Ambulatory Surgery Center
85x	Critical Access Hospital

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.

0300	Laboratory - General Classification
0301	Laboratory - Chemistry
0302	Laboratory - Immunology
0303	Laboratory - Renal Patient (Home)
0304	Laboratory - Non-Routine Dialysis
0305	Laboratory - Hematology
0306	Laboratory - Bacteriology & Microbiology
0307	Laboratory - Urology
0309	Laboratory - Other Laboratory
0310	Laboratory Pathology - General Classification
0311	Laboratory Pathology - Cytology
0312	Laboratory Pathology - Histology
0314	Laboratory Pathology - Biopsy
0319	Laboratory Pathology - Other Laboratory Pathology

CPT/HCPCS Codes

Group 1 Paragraph	
Italicized and/or quoted material is excerpted from the American Medical Association, <i>Current Procedural Terminology (CPT)</i> codes.	
Group 1 Codes	
87480	Candida dna dir probe
87481	Candida dna amp probe
87490	Chylmd trach dna dir probe
87491	Chylmd trach dna amp probe
87510	Gardner vag dna dir probe
87590	N.gonorrhoeae dna dir prob
87591	N.gonorrhoeae dna amp prob
87660	Trichomonas vagin dir probe
87798	Detect agent nos dna amp

ICD-9 Codes that Support Medical Necessity

Group 1 Paragraph : It is the providers responsibility to select codes carried out to the highest level of specificity and selected from the ICD-9-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.	
Medicare is establishing the following limited coverage for Chlamydia trachomatis (87490, 87491), Neisseria gonorrhoeae (87590, 87591), Candida species (87480), Gardnerella vaginalis (87510) and Trichomonas vaginalis (87660):	
Group 1 Codes	
076.0	TRACHOMA INITIAL STAGE
076.1	TRACHOMA ACTIVE STAGE
076.9	TRACHOMA UNSPECIFIED
077.0	INCLUSION CONJUNCTIVITIS
077.98	UNSPECIFIED DISEASES OF CONJUNCTIVA DUE TO CHLAMYDIAE
077.99	UNSPECIFIED DISEASES OF CONJUNCTIVA DUE TO VIRUSES

098.0	GONOCOCCAL INFECTION (ACUTE) OF LOWER GENITOURINARY TRACT
098.10	GONOCOCCAL INFECTION (ACUTE) OF UPPER GENITOURINARY TRACT SITE UNSPECIFIED
098.11	GONOCOCCAL CYSTITIS (ACUTE)
098.12	GONOCOCCAL PROSTATITIS (ACUTE)
098.13	GONOCOCCAL EPIDIDYMO-ORCHITIS (ACUTE)
098.14	GONOCOCCAL SEMINAL VESICULITIS (ACUTE)
098.15	GONOCOCCAL CERVICITIS (ACUTE)
098.16	GONOCOCCAL ENDOMETRITIS (ACUTE)
098.17	GONOCOCCAL SALPINGITIS SPECIFIED AS ACUTE
098.19	OTHER GONOCOCCAL INFECTION (ACUTE) OF UPPER GENITOURINARY TRACT
098.2	GONOCOCCAL INFECTION CHRONIC OF LOWER GENITOURINARY TRACT
098.30	CHRONIC GONOCOCCAL INFECTION OF UPPER GENITOURINARY TRACT SITE UNSPECIFIED
098.31	GONOCOCCAL CYSTITIS CHRONIC
098.32	GONOCOCCAL PROSTATITIS CHRONIC
098.33	GONOCOCCAL EPIDIDYMO-ORCHITIS CHRONIC
098.34	GONOCOCCAL SEMINAL VESICULITIS CHRONIC
098.35	GONOCOCCAL CERVICITIS CHRONIC
098.36	GONOCOCCAL ENDOMETRITIS CHRONIC
098.37	GONOCOCCAL SALPINGITIS (CHRONIC)
098.39	OTHER CHRONIC GONOCOCCAL INFECTION OF UPPER GENITOURINARY TRACT
098.40	GONOCOCCAL CONJUNCTIVITIS (NEONATORUM)
098.41	GONOCOCCAL IRIDOCYCLITIS
098.42	GONOCOCCAL ENDOPHTHALMIA
098.43	GONOCOCCAL KERATITIS
098.49	OTHER GONOCOCCAL INFECTION OF EYE
098.50	GONOCOCCAL ARTHRITIS
098.51	GONOCOCCAL SYNOVITIS AND TENOSYNOVITIS
098.52	GONOCOCCAL BURSTITIS
098.53	GONOCOCCAL SPONDYLITIS
098.59	OTHER GONOCOCCAL INFECTION OF JOINT
098.6	GONOCOCCAL INFECTION OF PHARYNX
098.7	GONOCOCCAL INFECTION OF ANUS AND RECTUM
098.81	GONOCOCCAL KERATOSIS (BLENNORRHAGICA)
098.82	GONOCOCCAL MENINGITIS
098.83	GONOCOCCAL PERICARDITIS
098.84	GONOCOCCAL ENDOCARDITIS
098.85	OTHER GONOCOCCAL HEART DISEASE
098.86	GONOCOCCAL PERITONITIS
098.89	GONOCOCCAL INFECTION OF OTHER SPECIFIED SITES
099.1	LYMPHOGRANULOMA VENEREUM
099.3	REITER'S DISEASE
099.41	OTHER NONGONOCOCCAL URETHRITIS CHLAMYDIA TRACHOMATIS
099.50	OTHER VENEREAL DISEASES DUE TO CHLAMYDIA TRACHOMATIS UNSPECIFIED SITE
099.51	OTHER VENEREAL DISEASES DUE TO CHLAMYDIA TRACHOMATIS PHARYNX
099.52	OTHER VENEREAL DISEASES DUE TO CHLAMYDIA TRACHOMATIS ANUS AND RECTUM
099.53	OTHER VENEREAL DISEASES DUE TO CHLAMYDIA TRACHOMATIS LOWER GENITOURINARY SITES
099.54	OTHER VENEREAL DISEASES DUE TO CHLAMYDIA TRACHOMATIS OTHER GENITOURINARY SITES
099.55	OTHER VENEREAL DISEASES DUE TO CHLAMYDIA TRACHOMATIS UNSPECIFIED GENITOURINARY SITE
099.56	OTHER VENEREAL DISEASES DUE TO CHLAMYDIA TRACHOMATIS PERITONEUM
099.59	OTHER VENEREAL DISEASES DUE TO CHLAMYDIA TRACHOMATIS OTHER SPECIFIED SITE
112.1	CANDIDIASIS OF VULVA AND VAGINA
112.2	CANDIDIASIS OF OTHER UROGENITAL SITES

131.00	UROGENITAL TRICHOMONIASIS UNSPECIFIED
131.01	TRICHOMONAL VULVOVAGINITIS
131.02	TRICHOMONAL URETHRITIS
131.03	TRICHOMONAL PROSTATITIS
131.09	OTHER UROGENITAL TRICHOMONIASIS
131.8	TRICHOMONIASIS OF OTHER SPECIFIED SITES
131.9	TRICHOMONIASIS UNSPECIFIED
288.00	NEUTROPENIA, UNSPECIFIED
288.01	CONGENITAL NEUTROPENIA
288.02	CYCLIC NEUTROPENIA
288.03	DRUG INDUCED NEUTROPENIA
288.04	NEUTROPENIA DUE TO INFECTION
288.09	OTHER NEUTROPENIA
288.66	BANDEMIA
288.8	OTHER SPECIFIED DISEASE OF WHITE BLOOD CELLS
289.1	CHRONIC LYMPHADENITIS
289.53	NEUTROPENIC SPLENOMEGALY
289.83	MYELOFIBROSIS
372.00	ACUTE CONJUNCTIVITIS UNSPECIFIED
372.02	ACUTE FOLLICULAR CONJUNCTIVITIS
372.03	OTHER MUCOPURULENT CONJUNCTIVITIS
372.10	CHRONIC CONJUNCTIVITIS UNSPECIFIED
372.11	SIMPLE CHRONIC CONJUNCTIVITIS
372.12	CHRONIC FOLLICULAR CONJUNCTIVITIS
595.4	CYSTITIS IN DISEASES CLASSIFIED ELSEWHERE
597.80	URETHRITIS UNSPECIFIED
597.81	URETHRAL SYNDROME NOS
601.0	ACUTE PROSTATITIS
601.8	OTHER SPECIFIED INFLAMMATORY DISEASES OF PROSTATE
601.9	PROSTATITIS UNSPECIFIED
604.0	ORCHITIS EPIDIDYMITIS AND EPIDIDYMO-ORCHITIS WITH ABSCESS
604.90	ORCHITIS AND EPIDIDYMITIS UNSPECIFIED
604.91	ORCHITIS AND EPIDIDYMITIS IN DISEASES CLASSIFIED ELSEWHERE
608.89	OTHER SPECIFIED DISORDERS OF MALE GENITAL ORGANS
614.0	ACUTE SALPINGITIS AND OOPHORITIS
614.2	SALPINGITIS AND OOPHORITIS NOT SPECIFIED AS ACUTE SUBACUTE OR CHRONIC
614.3	ACUTE PARAMETRITIS AND PELVIC CELLULITIS
614.4	CHRONIC OR UNSPECIFIED PARAMETRITIS AND PELVIC CELLULITIS
614.6	PELVIC PERITONEAL ADHESIONS FEMALE (POSTOPERATIVE) (POSTINFECTION)
614.8	OTHER SPECIFIED INFLAMMATORY DISEASE OF FEMALE PELVIC ORGANS AND TISSUES
614.9	UNSPECIFIED INFLAMMATORY DISEASE OF FEMALE PELVIC ORGANS AND TISSUES
616.0	CERVICITIS AND ENDOCERVICITIS
616.10	VAGINITIS AND VULVOVAGINITIS UNSPECIFIED
616.11	VAGINITIS AND VULVOVAGINITIS IN DISEASES CLASSIFIED ELSEWHERE
616.2	CYST OF BARTHOLIN'S GLAND
616.3	ABSCESS OF BARTHOLIN'S GLAND
616.4	OTHER ABSCESS OF VULVA
616.50	ULCERATION OF VULVA UNSPECIFIED
616.51	ULCERATION OF VULVA IN DISEASES CLASSIFIED ELSEWHERE
616.81	MUCOSITIS (ULCERATIVE) OF CERVIX, VAGINA, AND VULVA
616.89	OTHER INFLAMMATORY DISEASE OF CERVIX, VAGINA AND VULVA

616.9	UNSPECIFIED INFLAMMATORY DISEASE OF CERVIX VAGINA AND VULVA
628.2	INFERTILITY FEMALE OF TUBAL ORIGIN
629.89	OTHER SPECIFIED DISORDERS OF FEMALE GENITAL ORGANS
683	ACUTE LYMPHADENITIS
711.90	UNSPECIFIED INFECTIVE ARTHRITIS SITE UNSPECIFIED
711.91	UNSPECIFIED INFECTIVE ARTHRITIS INVOLVING SHOULDER REGION
711.92	UNSPECIFIED INFECTIVE ARTHRITIS INVOLVING UPPER ARM
711.93	UNSPECIFIED INFECTIVE ARTHRITIS INVOLVING FOREARM
711.94	UNSPECIFIED INFECTIVE ARTHRITIS INVOLVING HAND
711.95	UNSPECIFIED INFECTIVE ARTHRITIS INVOLVING PELVIC REGION AND THIGH
711.96	UNSPECIFIED INFECTIVE ARTHRITIS INVOLVING LOWER LEG
711.97	UNSPECIFIED INFECTIVE ARTHRITIS INVOLVING ANKLE AND FOOT
711.98	UNSPECIFIED INFECTIVE ARTHRITIS INVOLVING OTHER SPECIFIED SITES
711.99	UNSPECIFIED INFECTIVE ARTHRITIS INVOLVING MULTIPLE SITES
716.50	UNSPECIFIED POLYARTHROPATHY OR POLYARTHROSIS SITE UNSPECIFIED
716.51	UNSPECIFIED POLYARTHROPATHY OR POLYARTHROSIS INVOLVING SHOULDER REGION
716.52	UNSPECIFIED POLYARTHROPATHY OR POLYARTHROSIS INVOLVING UPPER ARM
716.53	UNSPECIFIED POLYARTHROPATHY OR POLYARTHROSIS INVOLVING FOREARM
716.54	UNSPECIFIED POLYARTHROPATHY OR POLYARTHROSIS INVOLVING HAND
716.55	UNSPECIFIED POLYARTHROPATHY OR POLYARTHROSIS INVOLVING PELVIC REGION AND THIGH
716.56	UNSPECIFIED POLYARTHROPATHY OR POLYARTHROSIS INVOLVING LOWER LEG
716.57	UNSPECIFIED POLYARTHROPATHY OR POLYARTHROSIS INVOLVING ANKLE AND FOOT
716.58	UNSPECIFIED POLYARTHROPATHY OR POLYARTHROSIS INVOLVING OTHER SPECIFIED SITES
716.59	UNSPECIFIED POLYARTHROPATHY OR POLYARTHROSIS INVOLVING MULTIPLE SITES
716.60	UNSPECIFIED MONOARTHROSIS SITE UNSPECIFIED
716.61	UNSPECIFIED MONOARTHROSIS INVOLVING SHOULDER REGION
716.62	UNSPECIFIED MONOARTHROSIS INVOLVING UPPER ARM
716.63	UNSPECIFIED MONOARTHROSIS INVOLVING FOREARM
716.64	UNSPECIFIED MONOARTHROSIS INVOLVING HAND
716.65	UNSPECIFIED MONOARTHROSIS INVOLVING PELVIC REGION AND THIGH
716.66	UNSPECIFIED MONOARTHROSIS INVOLVING LOWER LEG
716.67	UNSPECIFIED MONOARTHROSIS INVOLVING ANKLE AND FOOT
716.68	UNSPECIFIED MONOARTHROSIS INVOLVING OTHER SPECIFIED SITES
716.90	UNSPECIFIED ARTHROPATHY SITE UNSPECIFIED
716.91	UNSPECIFIED ARTHROPATHY INVOLVING SHOULDER REGION
716.92	UNSPECIFIED ARTHROPATHY INVOLVING UPPER ARM
716.93	UNSPECIFIED ARTHROPATHY INVOLVING FOREARM
716.94	UNSPECIFIED ARTHROPATHY INVOLVING HAND
716.95	UNSPECIFIED ARTHROPATHY INVOLVING PELVIC REGION AND THIGH
716.96	UNSPECIFIED ARTHROPATHY INVOLVING LOWER LEG
716.97	UNSPECIFIED ARTHROPATHY INVOLVING ANKLE AND FOOT
716.98	UNSPECIFIED ARTHROPATHY INVOLVING OTHER SPECIFIED SITES
716.99	UNSPECIFIED ARTHROPATHY INVOLVING MULTIPLE SITES
719.40	PAIN IN JOINT SITE UNSPECIFIED
719.41	PAIN IN JOINT INVOLVING SHOULDER REGION
719.42	PAIN IN JOINT INVOLVING UPPER ARM
719.43	PAIN IN JOINT INVOLVING FOREARM
719.44	PAIN IN JOINT INVOLVING HAND
719.45	PAIN IN JOINT INVOLVING PELVIC REGION AND THIGH
719.46	PAIN IN JOINT INVOLVING LOWER LEG
719.47	PAIN IN JOINT INVOLVING ANKLE AND FOOT
719.48	PAIN IN JOINT INVOLVING OTHER SPECIFIED SITES

719.49	PAIN IN JOINT INVOLVING MULTIPLE SITES
727.00	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED
727.05	OTHER TENOSYNOVITIS OF HAND AND WRIST
727.06	TENOSYNOVITIS OF FOOT AND ANKLE
727.09	OTHER SYNOVITIS AND TENOSYNOVITIS
771.6	NEONATAL CONJUNCTIVITIS AND DACRYOCYSTITIS
780.60	FEVER, UNSPECIFIED
780.61	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE
782.1	RASH AND OTHER NONSPECIFIC SKIN ERUPTION
785.6	ENLARGEMENT OF LYMPH NODES
788.1	DYSURIA
788.64	URINARY HESITANCY
788.65	STRAINING ON URINATION
788.7	URETHRAL DISCHARGE
789.00	ABDOMINAL PAIN UNSPECIFIED SITE
789.01	ABDOMINAL PAIN RIGHT UPPER QUADRANT
789.02	ABDOMINAL PAIN LEFT UPPER QUADRANT
789.03	ABDOMINAL PAIN RIGHT LOWER QUADRANT
789.04	ABDOMINAL PAIN LEFT LOWER QUADRANT
789.05	ABDOMINAL PAIN PERIUMBILIC
789.06	ABDOMINAL PAIN EPIGASTRIC
789.07	ABDOMINAL PAIN GENERALIZED
789.09	ABDOMINAL PAIN OTHER SPECIFIED SITE
789.1	HEPATOMEGALY
789.2	SPLENOMEGALY
789.30	ABDOMINAL OR PELVIC SWELLING MASS OR LUMP UNSPECIFIED SITE
789.31	ABDOMINAL OR PELVIC SWELLING MASS OR LUMP RIGHT UPPER QUADRANT
789.32	ABDOMINAL OR PELVIC SWELLING MASS OR LUMP LEFT UPPER QUADRANT
789.33	ABDOMINAL OR PELVIC SWELLING MASS OR LUMP RIGHT LOWER QUADRANT
789.34	ABDOMINAL OR PELVIC SWELLING MASS OR LUMP LEFT LOWER QUADRANT
789.35	ABDOMINAL OR PELVIC SWELLING MASS OR LUMP PERIUMBILIC
789.36	ABDOMINAL OR PELVIC SWELLING MASS OR LUMP EPIGASTRIC
789.37	ABDOMINAL OR PELVIC SWELLING MASS OR LUMP GENERALIZED
789.39	ABDOMINAL OR PELVIC SWELLING MASS OR LUMP OTHER SPECIFIED SITE
789.40	ABDOMINAL RIGIDITY UNSPECIFIED SITE
789.41	ABDOMINAL RIGIDITY RIGHT UPPER QUADRANT
789.42	ABDOMINAL RIGIDITY LEFT UPPER QUADRANT
789.43	ABDOMINAL RIGIDITY RIGHT LOWER QUADRANT
789.44	ABDOMINAL RIGIDITY LEFT LOWER QUADRANT
789.45	ABDOMINAL RIGIDITY PERIUMBILIC
789.46	ABDOMINAL RIGIDITY EPIGASTRIC
789.47	ABDOMINAL RIGIDITY GENERALIZED
789.49	ABDOMINAL RIGIDITY OTHER SPECIFIED SITE
789.51	MALIGNANT ASCITES
789.59	OTHER ASCITES
789.60	ABDOMINAL TENDERNESS UNSPECIFIED SITE
789.61	ABDOMINAL TENDERNESS RIGHT UPPER QUADRANT
789.62	ABDOMINAL TENDERNESS LEFT UPPER QUADRANT
789.63	ABDOMINAL TENDERNESS RIGHT LOWER QUADRANT
789.64	ABDOMINAL TENDERNESS LEFT LOWER QUADRANT
789.65	ABDOMINAL TENDERNESS PERIUMBILIC

789.66	ABDOMINAL TENDERNESS EPIGASTRIC
789.67	ABDOMINAL TENDERNESS GENERALIZED
789.69	ABDOMINAL TENDERNESS OTHER SPECIFIED SITE
789.9	OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS
790.4	NONSPECIFIC ELEVATION OF LEVELS OF TRANSAMINASE OR LACTIC ACID DEHYDROGENASE (LDH)
790.5	OTHER NONSPECIFIC ABNORMAL SERUM ENZYME LEVELS
790.7	BACTEREMIA
791.0	PROTEINURIA
791.1	CHYLURIA
791.2	HEMOGLOBINURIA
791.3	MYOGLOBINURIA
791.4	BILIURIA
791.5	GLYCOSURIA
791.6	ACETONURIA
791.7	OTHER CELLS AND CASTS IN URINE
791.9	OTHER NONSPECIFIC FINDINGS ON EXAMINATION OF URINE

ICD-9 Codes that DO NOT Support Medical Necessity

All those not listed under the "ICD-9 Codes that Support Medical Necessity" section of this policy.

XX000	Not Applicable
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General Information

Associated Information

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-9-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
4. The medical record documentation must support the medical necessity of the services as directed in this policy.
5. In specific, there must be documentation that miscellaneous, less prevalent microorganisms (i.e., outside the designated range CPT 87480-87660) are medically necessary to support the use of CPT 87798.

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

No more than two individual microorganisms may be concurrently billed for CPT *87481* and *87798*.

Sources of Information and Basis for Decision

Contractor is not responsible for the continued viability of websites listed.

Full disclosure of the sources of information is found with original contractor LCD.

Novitas adopted, with deletions, minor text revisions and ICD-9/CPT coding updates, the TrailBlazer LCD "Infectious Disease Molecular Diagnostic Testing"

There were extensive in-person consultations with both nationally-recognized infectious disease and clinical microbiology specialists (via logistical support from the American Society for Microbiology) in order to assist with the above medical necessity language and procedure-to-diagnosis code pairings.

Other Contractor(s)' Policies

Contractor Medical Directors

Revision History Information**Revision History**

Revision Number	Effective Date	Explanation	Reason for Change
R3	09/01/2014	This revision updates the Novitas Solutions MAC numerical jurisdictional designation to the new MAC Lettered jurisdiction designation(s). No other changes were made to this LCD.	

Link to this LCD on the MCD:

Looking for more detail? View this policy at the CMS Medicare Coverage Database (MCD) for your state by choosing the appropriate link:

[Pennsylvania](#) | [Maryland](#) | [Delaware](#) | [District of Columbia](#) | [New Jersey](#)

Associated Documents**Attachments**

N/A

Related Local Coverage Documents

N/A

Related National Coverage Documents

N/A

Keywords

N/A