190.18 - Serum Iron Studies

Description
Serum iron studies are useful in the evaluation of disorders of iron metabolism, particularly iron deficiency and iron excess. Iron studies are best performed when the patient is fasting in the morning and has abstained from medications that may influence iron balance.

Iron deficiency is the most common cause of anemia. In young children on a milk diet, iron deficiency is often secondary to dietary deficiency. In adults, iron deficiency is usually the result of blood loss and is only occasionally secondary to dietary deficiency or malabsorption. Following major surgery the patient may have iron deficient erythropoietin for months or years if adequate iron replacement has not been given. High doses of supplemental iron may cause the serum iron to be elevated. Serum iron may also be altered in acute and chronic inflammatory and neoplastic conditions.

Total Iron Binding Capacity (TIBC) is an indirect measure of transferring, a protein that binds and transports iron. TIBC quantifies transferring by the amount of iron that it can bind. TIBC and transferring are elevated in iron deficiency, and with oral contraceptive use, and during pregnancy. TIBC and transferring may be decreased in malabsorption syndromes or in those affected with chronic diseases. The percent saturation represents the ratio of iron to the TIBC.

Assays for ferreting are also useful in assessing iron balance. Low concentrations are associated with iron deficiency and are highly specific. High concentrations are found in hemosiderosis (iron overload without associated tissue injury) and hemochromatosis (iron overload with associated tissue injury). In these conditions the iron is elevated, the TIBC and transferrin are within the reference range or low, and the percent saturation is elevated. Serum ferritin can be useful for both initiating and monitoring treatment for iron overload.

Transferrin and ferritin belong to a group of serum proteins known as acute phase reactants, and are increased in response to stressful or inflammatory conditions and also can occur with infection and tissue injury due to surgery, trauma or necrosis. Ferritin and iron/TIBC (or transferrin) are affected by acute and chronic inflammatory conditions, and in patients with these disorders, tests of iron status may be difficult to interpret.

HCPCS Codes (Alphanumeric, CPT® AMA)

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<tr>
<td>84466</td>
<td>Transferrin</td>
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NCD 190.18  
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Fu Associates, Ltd.

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ICD-10-CM Codes Covered by Medicare Program

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

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<tr>
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**NCD 190.18**

*January 2018 Changes*

ICD-10-CM Version - Red

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<td>Malignant neoplasm of pelvic bones, sacrum and coccyx</td>
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<td>Code</td>
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<td>Other specified malignant neoplasm of skin of lip</td>
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<td>C44.621</td>
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<td>Gastrointestinal stromal tumor of esophagus</td>
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<td>Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck</td>
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<td>Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes</td>
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<td>Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites</td>
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<td>Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites</td>
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<td>C85.85</td>
<td>Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb</td>
</tr>
<tr>
<td>C85.86</td>
<td>Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes</td>
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<td>C85.87</td>
<td>Other specified types of non-Hodgkin lymphoma, spleen</td>
</tr>
<tr>
<td>C85.88</td>
<td>Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites</td>
</tr>
<tr>
<td>C85.89</td>
<td>Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites</td>
</tr>
<tr>
<td>C85.90</td>
<td>Non-Hodgkin lymphoma, unspecified, unspecified site</td>
</tr>
<tr>
<td>C85.91</td>
<td>Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck</td>
</tr>
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<td>Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes</td>
</tr>
<tr>
<td>C85.93</td>
<td>Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes</td>
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<td>C85.94</td>
<td>Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb</td>
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<td>Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb</td>
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<td>Non-Hodgkin lymphoma, unspecified, spleen</td>
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<td>C86.0</td>
<td>Extranodal NK/T-cell lymphoma, nasal type</td>
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<tr>
<td>C86.1</td>
<td>Hepatosplenic T-cell lymphoma</td>
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<td>C86.2</td>
<td>Enteropathy-type (intestinal) T-cell lymphoma</td>
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<td>Subcutaneous panniculitis-like T-cell lymphoma</td>
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<td>Blastic NK-cell lymphoma</td>
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<td>Angioimmunoblastic T-cell lymphoma</td>
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<td>Primary cutaneous CD30-positive T-cell proliferations</td>
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<td>Immunoproliferative small intestinal disease</td>
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<td>Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]</td>
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<td>Other malignant immunoproliferative diseases</td>
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<td>Malignant immunoproliferative disease, unspecified</td>
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<tr>
<td>C90.00</td>
<td>Multiple myeloma not having achieved remission</td>
</tr>
<tr>
<td>C90.01</td>
<td>Multiple myeloma in remission</td>
</tr>
<tr>
<td>C90.02</td>
<td>Multiple myeloma in relapse</td>
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<td>Plasma cell leukemia not having achieved remission</td>
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<td>C90.11</td>
<td>Plasma cell leukemia in remission</td>
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<td>Plasma cell leukemia in relapse</td>
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<td>Extramedullary plasmacytoma not having achieved remission</td>
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<td>Extramedullary plasmacytoma in remission</td>
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<td>Extramedullary plasmacytoma in relapse</td>
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<td>Solitary plasmacytoma not having achieved remission</td>
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<td>C90.31</td>
<td>Solitary plasmacytoma in remission</td>
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<td>Solitary plasmacytoma in relapse</td>
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<tr>
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<td>Acute lymphoblastic leukemia, in relapse</td>
</tr>
<tr>
<td>C91.10</td>
<td>Chronic lymphocytic leukemia of B-cell type not having achieved remission</td>
</tr>
<tr>
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<td>Chronic lymphocytic leukemia of B-cell type in remission</td>
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<td>Chronic lymphocytic leukemia of B-cell type in relapse</td>
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<td>Prolymphocytic leukemia of B-cell type not having achieved remission</td>
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<td>Hairy cell leukemia not having achieved remission</td>
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<td>C91.41</td>
<td>Hairy cell leukemia, in remission</td>
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<tr>
<td>C91.42</td>
<td>Hairy cell leukemia, in relapse</td>
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<tr>
<td>C91.50</td>
<td>Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission</td>
</tr>
<tr>
<td>C91.51</td>
<td>Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission</td>
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<td>C91.52</td>
<td>Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse</td>
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<td>C91.60</td>
<td>Prolymphocytic leukemia of T-cell type not having achieved remission</td>
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<td>C91.61</td>
<td>Prolymphocytic leukemia of T-cell type, in remission</td>
</tr>
<tr>
<td>C91.62</td>
<td>Prolymphocytic leukemia of T-cell type, in relapse</td>
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<td>Code</td>
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<td>C91.90</td>
<td>Lymphoid leukemia, unspecified not having achieved remission</td>
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<td>C91.91</td>
<td>Lymphoid leukemia, unspecified, in remission</td>
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<td>Lymphoid leukemia, unspecified, in relapse</td>
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<td>C91.A0</td>
<td>Mature B-cell leukemia Burkitt-type not having achieved remission</td>
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<td>Mature B-cell leukemia Burkitt-type, in remission</td>
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<td>Mature B-cell leukemia Burkitt-type, in relapse</td>
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<td>Other lymphoid leukemia not having achieved remission</td>
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<tr>
<td>C91.21</td>
<td>Other lymphoid leukemia, in remission</td>
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<td>Other lymphoid leukemia, in relapse</td>
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<td>Acute myeloblastic leukemia, in remission</td>
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<td>C92.02</td>
<td>Acute myeloblastic leukemia, in relapse</td>
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<td>C92.10</td>
<td>Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission</td>
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<tr>
<td>C92.11</td>
<td>Chronic myeloid leukemia, BCR/ABL-positive, in remission</td>
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<td>Chronic myeloid leukemia, BCR/ABL-positive, in relapse</td>
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<td>Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission</td>
</tr>
<tr>
<td>C92.21</td>
<td>Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission</td>
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<td>Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse</td>
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<td>Myeloid sarcoma, not having achieved remission</td>
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<tr>
<td>C92.31</td>
<td>Myeloid sarcoma, in remission</td>
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<tr>
<td>C92.32</td>
<td>Myeloid sarcoma, in relapse</td>
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<tr>
<td>C92.40</td>
<td>Acute promyelocytic leukemia, not having achieved remission</td>
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<td>Acute promyelocytic leukemia, in remission</td>
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<td>C92.42</td>
<td>Acute promyelocytic leukemia, in relapse</td>
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<tr>
<td>C92.50</td>
<td>Acute myelomonocytic leukemia, not having achieved remission</td>
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<td>C92.51</td>
<td>Acute myelomonocytic leukemia, in remission</td>
</tr>
<tr>
<td>C92.52</td>
<td>Acute myelomonocytic leukemia, in relapse</td>
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<tr>
<td>C92.60</td>
<td>Acute myeloid leukemia with 11q23-abnormality not having achieved remission</td>
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<td>Acute myeloid leukemia with 11q23-abnormality in remission</td>
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<td>Acute myeloid leukemia with 11q23-abnormality in relapse</td>
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<tr>
<td>C92.90</td>
<td>Myeloid leukemia, unspecified, not having achieved remission</td>
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<td>Myeloid leukemia, unspecified in remission</td>
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<td>Myeloid leukemia, unspecified in relapse</td>
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<tr>
<td>C92.A0</td>
<td>Acute myeloid leukemia with multilineage dysplasia, not having achieved remission</td>
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<td>Acute myeloid leukemia with multilineage dysplasia, in remission</td>
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<td>C93.00</td>
<td>Acute monoblastic/monocytic leukemia, not having achieved remission</td>
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<tr>
<td>C93.01</td>
<td>Acute monoblastic/monocytic leukemia, in remission</td>
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<tr>
<td>C93.02</td>
<td>Acute monoblastic/monocytic leukemia, in relapse</td>
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<tr>
<td>C93.10</td>
<td>Chronic myelomonocytic leukemia not having achieved remission</td>
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<td>Chronic myelomonocytic leukemia, in remission</td>
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<td>Chronic myelomonocytic leukemia, in relapse</td>
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<td>Juvenile myelomonocytic leukemia, not having achieved remission</td>
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<tr>
<td>C93.31</td>
<td>Juvenile myelomonocytic leukemia, in remission</td>
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<td>Juvenile myelomonocytic leukemia, in relapse</td>
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<td>Monocytic leukemia, unspecified, not having achieved remission</td>
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<td>Monocytic leukemia, unspecified in remission</td>
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<td>Monocytic leukemia, unspecified in relapse</td>
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<td>Other monocytic leukemia, not having achieved remission</td>
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<td>Other monocytic leukemia, in remission</td>
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<tr>
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<td>Acute erythroid leukemia, in remission</td>
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<td>C94.20</td>
<td>Acute megakaryoblastic leukemia not having achieved remission</td>
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<td>Acute megakaryoblastic leukemia, in remission</td>
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<td>C94.22</td>
<td>Acute megakaryoblastic leukemia, in relapse</td>
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<td>Code</td>
<td>Description</td>
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<td>Mast cell leukemia not having achieved remission</td>
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<td>C94.32</td>
<td>Mast cell leukemia, in relapse</td>
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<td>Acute panmyelosis with myelofibrosis not having achieved remission</td>
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<td>Acute panmyelosis with myelofibrosis, in remission</td>
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<td>Other specified leukemias, in relapse</td>
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<td>Acute leukemia of unspecified cell type not having achieved remission</td>
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<td>Acute leukemia of unspecified cell type, in relapse</td>
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<td>Chronic leukemia of unspecified cell type not having achieved remission</td>
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<td>Chronic leukemia of unspecified cell type, in remission</td>
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<td>Chronic leukemia of unspecified cell type, in relapse</td>
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<tr>
<td>C95.91</td>
<td>Leukemia, unspecified, in remission</td>
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<td>Leukemia, unspecified, in relapse</td>
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<td>Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis</td>
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<td>Sarcoma of dendritic cells (accessory cells)</td>
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<td>Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue</td>
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<td>D00.00</td>
<td>Carcinoma in situ of oral cavity, unspecified site</td>
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<td>D00.01</td>
<td>Carcinoma in situ of labial mucosa and vermilion border</td>
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<tr>
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<td>Carcinoma in situ of buccal mucosa</td>
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<tr>
<td>D00.03</td>
<td>Carcinoma in situ of gingiva and edentulous alveolar ridge</td>
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<tr>
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<td>Carcinoma in situ of soft palate</td>
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<td>Carcinoma in situ of hard palate</td>
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<td>Carcinoma in situ of pharynx</td>
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<td>Carcinoma in situ of esophagus</td>
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<td>Carcinoma in situ of stomach</td>
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<td>Carcinoma in situ of colon</td>
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<td>Carcinoma in situ of rectosigmoid junction</td>
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<td>Carcinoma in situ of rectum</td>
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<td>Carcinoma in situ of anus and anal canal</td>
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<td>Carcinoma in situ of unspecified part of intestine</td>
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<tr>
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<td>Carcinoma in situ of other parts of intestine</td>
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<tr>
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<td>Carcinoma in situ of liver, gallbladder and bile ducts</td>
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<td>Carcinoma in situ of other specified digestive organs</td>
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<td>Carcinoma in situ of unspecified bronchus and lung</td>
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<td>Carcinoma in situ of right bronchus and lung</td>
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<td>D02.22</td>
<td>Carcinoma in situ of left bronchus and lung</td>
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<td>D02.3</td>
<td>Carcinoma in situ of other parts of respiratory system</td>
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<td>Carcinoma in situ of respiratory system, unspecified</td>
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<tr>
<td>D03.0</td>
<td>Melanoma in situ of lip</td>
</tr>
<tr>
<td>D03.10</td>
<td>Melanoma in situ of unspecified eyelid, including canthus</td>
</tr>
<tr>
<td>D03.11</td>
<td>Melanoma in situ of right eyelid, including canthus</td>
</tr>
<tr>
<td>D03.12</td>
<td>Melanoma in situ of left eyelid, including canthus</td>
</tr>
<tr>
<td>D03.20</td>
<td>Melanoma in situ of unspecified ear and external auricular canal</td>
</tr>
<tr>
<td>D03.21</td>
<td>Melanoma in situ of right ear and external auricular canal</td>
</tr>
<tr>
<td>D03.22</td>
<td>Melanoma in situ of left ear and external auricular canal</td>
</tr>
<tr>
<td>D03.30</td>
<td>Melanoma in situ of unspecified part of face</td>
</tr>
<tr>
<td>D03.39</td>
<td>Melanoma in situ of other parts of face</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>D03.4</td>
<td>Melanoma in situ of scalp and neck</td>
</tr>
<tr>
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<td>Melanoma in situ of anal skin</td>
</tr>
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<td>D03.52</td>
<td>Melanoma in situ of breast (skin) (soft tissue)</td>
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<td>Melanoma in situ of other part of trunk</td>
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<td>Melanoma in situ of unspecified upper limb, including shoulder</td>
</tr>
<tr>
<td>D03.61</td>
<td>Melanoma in situ of right upper limb, including shoulder</td>
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<tr>
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<td>Melanoma in situ of left upper limb, including shoulder</td>
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<td>Melanoma in situ of unspecified lower limb, including hip</td>
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<td>Melanoma in situ of right lower limb, including hip</td>
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<tr>
<td>D03.72</td>
<td>Melanoma in situ of left lower limb, including hip</td>
</tr>
<tr>
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<td>Melanoma in situ of other sites</td>
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<tr>
<td>D03.9</td>
<td>Melanoma in situ, unspecified</td>
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<tr>
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<td>Carcinoma in situ of skin of lip</td>
</tr>
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<td>Carcinoma in situ of skin of unspecified eyelid, including canthus</td>
</tr>
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**ICD-10-CM Version - Red**

*January 2018 Changes*

Fu Associates, Ltd.

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<td>Diabetes mellitus due to underlying condition with diabetic mononeuropathy</td>
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<td>E08.42</td>
<td>Diabetes mellitus due to underlying condition with diabetic polyneuropathy</td>
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<td>Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy</td>
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<td>Diabetes mellitus due to underlying condition with diabetic amyotrophy</td>
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<td>Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene</td>
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<td>Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene</td>
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<td>E08.59</td>
<td>Diabetes mellitus due to underlying condition with other circulatory complications</td>
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<td>E08.610</td>
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<td>Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye</td>
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<td>Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy</td>
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*January 2018 Changes
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<tr>
<td>Z21</td>
<td>Asymptomatic human immunodeficiency virus [HIV] infection status</td>
</tr>
<tr>
<td>Z31.7</td>
<td>Encounter for procreative management and counseling for gestational carrier</td>
</tr>
<tr>
<td>Z49.31</td>
<td>Encounter for adequacy testing for hemodialysis</td>
</tr>
<tr>
<td>Z49.32</td>
<td>Encounter for adequacy testing for peritoneal dialysis</td>
</tr>
<tr>
<td>Z84.82</td>
<td>Family history of sudden infant death syndrome</td>
</tr>
<tr>
<td>Z86.2</td>
<td>Personal history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</td>
</tr>
<tr>
<td>Z86.39</td>
<td>Personal history of other endocrine, nutritional and metabolic disease</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
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</tr>
<tr>
<td>Z95.2</td>
<td>Presence of prosthetic heart valve</td>
</tr>
<tr>
<td>Z95.811</td>
<td>Presence of heart assist device</td>
</tr>
<tr>
<td>Z95.812</td>
<td>Presence of fully implantable artificial heart</td>
</tr>
<tr>
<td>Z95.820</td>
<td>Peripheral vascular angioplasty status with implants and grafts</td>
</tr>
<tr>
<td>Z95.828</td>
<td>Presence of other vascular implants and grafts</td>
</tr>
<tr>
<td>Z96.60</td>
<td>Presence of unspecified orthopedic joint implant</td>
</tr>
<tr>
<td>Z98.870</td>
<td>Personal history of in utero procedure during pregnancy</td>
</tr>
<tr>
<td>Z98.871</td>
<td>Personal history of in utero procedure while a fetus</td>
</tr>
<tr>
<td>Z98.890</td>
<td>Other specified postprocedural states</td>
</tr>
<tr>
<td>Z98.891</td>
<td>History of uterine scar from previous surgery</td>
</tr>
</tbody>
</table>

**Indications**

1. Ferritin, iron and either iron binding capacity or transferrin are useful in the differential diagnosis of iron deficiency, anemia, and for iron overload conditions.
   a. The following presentations are examples that may support the use of these studies for evaluating iron deficiency:
   - Certain abnormal blood count values (i.e., decreased Mean Corpuscular Volume (MCV), decreased hemoglobin/hematocrit when the MCV is low or normal, or increased Red cell Distribution Width (RDW) and low or normal MCV)
   - Abnormal appetite (pica)
   - Acute or chronic gastrointestinal blood loss
   - Hematuria
   - Menorrhagia
   - Malabsorption
   - Status post-gastrectomy
   - Status post-gastrojejunostomy
   - Malnutrition
   - Preoperative autologous blood collection(s)
   - Malignant, chronic inflammatory and infectious conditions associated with anemia which may present in a similar manner to iron deficiency anemia
   - Following a significant surgical procedure where blood loss had occurred and had not been repaired with adequate iron replacement.
b. The following presentations are examples that may support the use of these studies for evaluating iron overload:

- Chronic Hepatitis
- Diabetes
- Hyperpigmentation of skin
- Arthropathy
- Cirrhosis
- Hypogonadism
- Hypopituitarism
- Impaired porphyrin metabolism
- Heart failure
- Multiple transfusions
- Sideroblastic anemia
- Thalassemia major
- Cardiomyopathy, cardiac dysrhythmias and conduction disturbances

2. Follow-up testing may be appropriate to monitor response to therapy, e.g., oral or parenteral iron, ascorbic acid, and erythropoietin.

3. Iron studies may be appropriate in patients after treatment for other nutritional deficiency anemias, such as folate and vitamin B12, because iron deficiency may not be revealed until such a nutritional deficiency is treated.

4. Serum ferritin may be appropriate for monitoring iron status in patients with chronic renal disease with or without dialysis.

5. Serum iron may also be indicated for evaluation of toxic effects of iron and other metals (e.g., nickel, cadmium, aluminum, and lead) whether due to accidental, intentional exposure or metabolic causes.

**Limitations**

1. Iron studies should be used to diagnose and manage iron deficiency or iron overload states. These tests are not to be used solely to assess acute phase reactants where disease management will be unchanged. For example, infections and malignancies are associated with elevations in acute phase reactants such as ferritin, and decreases in serum iron concentration, but iron studies would only be medically necessary if results of iron studies might alter the management of the primary diagnosis or might warrant direct treatment of an iron disorder or condition.

2. If a normal serum ferritin level is documented, repeat testing would not ordinarily be medically necessary unless there is a change in the patient's condition, and ferritin assessment is needed for the ongoing management of the patient. For example, a patient presents with new onset insulin-dependent diabetes mellitus and has a serum ferritin level performed for the suspicion of hemochromatosis. If the ferritin level is normal, the repeat ferritin for diabetes mellitus would not be medically necessary.
3. When an End Stage Renal Disease (ESRD) patient is tested for ferritin, testing more frequently than every three months requires documentation of medical necessity (e.g., other than chronic renal failure or renal failure, unspecified).

4. It is ordinarily not necessary to measure both transferrin and TIBC at the same time because TIBC is an indirect measure of transferrin. When transferrin is ordered as part of the nutritional assessment for evaluating malnutrition, it is not necessary to order other iron studies unless iron deficiency or iron overload is suspected as well.

5. It is not ordinarily necessary to measure either iron/TIBC (or transferrin) and ferritin in initial patient testing. If clinically indicated after evaluation of the initial iron studies, it may be appropriate to perform additional iron studies either on the initial specimen or on a subsequently obtained specimen. After a diagnosis of iron deficiency or iron overload is established, either iron/TIBC (or transferrin) or ferritin may be medically necessary for monitoring, but not both.

6. It would not ordinarily be considered medically necessary to do a ferritin as a preoperative test except in the presence of anemia or recent autologous blood collections prior to the surgery.

**ICD-10-CM Codes That Do Not Support Medical Necessity**

Any ICD-10-CM code not listed in either of the ICD-10-CM covered or non-covered sections.

**Sources of Information**


