



190.14 - Human Immunodeficiency Virus (HIV) Testing (Diagnosis)

Other Names/Abbreviations

HIV, HIV-1, HIV-2, HIV1/2, HTLV III, Human T-cell lymphotropic virus, AIDS, Acquired immune deficiency syndrome

Description

Diagnosis of Human Immunodeficiency Virus (HIV) infection is primarily made through the use of serologic assays. These assays take one of two forms: antibody detection assays and specific HIV antigen (p24) procedures. The antibody assays are usually enzyme immunoassays (EIA) which are used to confirm exposure of an individual's immune system to specific viral antigens. These assays may be formatted to detect HIV-1, HIV-2, or HIV-1 and 2 simultaneously and to detect both IgM and IgG. When the initial EIA test is repeatedly positive or indeterminate, an alternative test is used to confirm the specificity of the antibodies to individual viral components. The most commonly used method is the Western Blot.

The HIV-1 core antigen (p24) test detects circulating viral antigen which may be found prior to the development of antibodies and may also be present in later stages of illness in the form of recurrent or persistent antigenemia. Its prognostic utility in HIV infection has been diminished as a result of development of sensitive viral RNA assays, and its primary use today is as a routine screening tool in potential blood donors.

In several unique situations, serologic testing alone may not reliably establish an HIV infection. This may occur because the antibody response (particularly the IgG response detected by Western Blot) has not yet developed (that is, acute retroviral syndrome), or is persistently equivocal because of inherent viral antigen variability. It is also an issue in perinatal HIV infection due to transplacental passage of maternal HIV antibody. In these situations, laboratory evidence of HIV in blood by culture, antigen assays, or proviral DNA or viral RNA assays, is required to establish a definitive determination of HIV infection.

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
86689	Qualitative or semiquantitative immunoassays performed by multiple step methods; HTLV or HIV antibody, confirmatory test (for example, Western Blot)
86701	Antibody; HIV-1
86702	Antibody; HIV-2
86703	Antibody; HIV-1 and HIV-2, single assay
87390	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV-1
87391	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV-2

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Code	Description
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique

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>

Code	Description
A02.1	Salmonella sepsis
A07.2	Cryptosporidiosis
A07.3	Isosporiasis
A07.8	Other specified protozoal intestinal diseases
A15.0	Tuberculosis of lung
A15.4	Tuberculosis of intrathoracic lymph nodes
A15.5	Tuberculosis of larynx, trachea and bronchus
A15.6	Tuberculous pleurisy
A15.7	Primary respiratory tuberculosis
A15.8	Other respiratory tuberculosis
A15.9	Respiratory tuberculosis unspecified
A17.0	Tuberculous meningitis
A17.1	Meningeal tuberculoma
A17.81	Tuberculoma of brain and spinal cord
A17.82	Tuberculous meningoencephalitis
A17.83	Tuberculous neuritis
A17.89	Other tuberculosis of nervous system
A17.9	Tuberculosis of nervous system, unspecified

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Code	Description
A18.01	Tuberculosis of spine
A18.02	Tuberculous arthritis of other joints
A18.03	Tuberculosis of other bones
A18.09	Other musculoskeletal tuberculosis
A18.10	Tuberculosis of genitourinary system, unspecified
A18.11	Tuberculosis of kidney and ureter
A18.12	Tuberculosis of bladder
A18.13	Tuberculosis of other urinary organs
A18.14	Tuberculosis of prostate
A18.15	Tuberculosis of other male genital organs
A18.16	Tuberculosis of cervix
A18.17	Tuberculous female pelvic inflammatory disease
A18.18	Tuberculosis of other female genital organs
A18.2	Tuberculous peripheral lymphadenopathy
A18.31	Tuberculous peritonitis
A18.32	Tuberculous enteritis
A18.39	Retroperitoneal tuberculosis
A18.4	Tuberculosis of skin and subcutaneous tissue
A18.50	Tuberculosis of eye, unspecified
A18.51	Tuberculous episcleritis
A18.52	Tuberculous keratitis
A18.53	Tuberculous chorioretinitis
A18.54	Tuberculous iridocyclitis
A18.59	Other tuberculosis of eye
A18.6	Tuberculosis of (inner) (middle) ear
A18.7	Tuberculosis of adrenal glands
A18.81	Tuberculosis of thyroid gland
A18.82	Tuberculosis of other endocrine glands
A18.83	Tuberculosis of digestive tract organs, not elsewhere classified
A18.84	Tuberculosis of heart



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Code	Description
A18.85	Tuberculosis of spleen
A18.89	Tuberculosis of other sites
A19.0	Acute miliary tuberculosis of a single specified site
A19.1	Acute miliary tuberculosis of multiple sites
A19.2	Acute miliary tuberculosis, unspecified
A19.8	Other miliary tuberculosis
A19.9	Miliary tuberculosis, unspecified
A28.1	Cat-scratch disease
A31.0	Pulmonary mycobacterial infection
A31.1	Cutaneous mycobacterial infection
A31.2	Disseminated mycobacterium avium-intracellulare complex (DMAC)
A31.8	Other mycobacterial infections
A31.9	Mycobacterial infection, unspecified
A32.0	Cutaneous listeriosis
A32.11	Listerial meningitis
A32.12	Listerial meningoencephalitis
A32.7	Listerial sepsis
A32.81	Oculoglandular listeriosis
A32.82	Listerial endocarditis
A32.89	Other forms of listeriosis
A32.9	Listeriosis, unspecified
A40.3	Sepsis due to Streptococcus pneumoniae
A41.52	Sepsis due to Pseudomonas
A42.0	Pulmonary actinomycosis
A42.1	Abdominal actinomycosis
A42.2	Cervicofacial actinomycosis
A42.81	Actinomycotic meningitis
A42.82	Actinomycotic encephalitis
A42.89	Other forms of actinomycosis
A42.9	Actinomycosis, unspecified

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Code	Description
A43.0	Pulmonary nocardiosis
A43.1	Cutaneous nocardiosis
A43.8	Other forms of nocardiosis
A43.9	Nocardiosis, unspecified
A44.0	Systemic bartonellosis
A44.1	Cutaneous and mucocutaneous bartonellosis
A44.8	Other forms of bartonellosis
A44.9	Bartonellosis, unspecified
A48.1	Legionnaires' disease
A50.01	Early congenital syphilitic oculopathy
A50.02	Early congenital syphilitic osteochondropathy
A50.03	Early congenital syphilitic pharyngitis
A50.04	Early congenital syphilitic pneumonia
A50.05	Early congenital syphilitic rhinitis
A50.06	Early cutaneous congenital syphilis
A50.07	Early mucocutaneous congenital syphilis
A50.08	Early visceral congenital syphilis
A50.09	Other early congenital syphilis, symptomatic
A50.1	Early congenital syphilis, latent
A50.2	Early congenital syphilis, unspecified
A50.30	Late congenital syphilitic oculopathy, unspecified
A50.31	Late congenital syphilitic interstitial keratitis
A50.32	Late congenital syphilitic chorioretinitis
A50.39	Other late congenital syphilitic oculopathy
A50.40	Late congenital neurosyphilis, unspecified
A50.41	Late congenital syphilitic meningitis
A50.42	Late congenital syphilitic encephalitis
A50.43	Late congenital syphilitic polyneuropathy
A50.44	Late congenital syphilitic optic nerve atrophy
A50.45	Juvenile general paresis

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Code	Description
A50.49	Other late congenital neurosyphilis
A50.51	Clutton's joints
A50.52	Hutchinson's teeth
A50.53	Hutchinson's triad
A50.54	Late congenital cardiovascular syphilis
A50.55	Late congenital syphilitic arthropathy
A50.56	Late congenital syphilitic osteochondropathy
A50.57	Syphilitic saddle nose
A50.59	Other late congenital syphilis, symptomatic
A50.6	Late congenital syphilis, latent
A50.7	Late congenital syphilis, unspecified
A50.9	Congenital syphilis, unspecified
A51.0	Primary genital syphilis
A51.1	Primary anal syphilis
A51.2	Primary syphilis of other sites
A51.31	Condyloma latum
A51.32	Syphilitic alopecia
A51.39	Other secondary syphilis of skin
A51.41	Secondary syphilitic meningitis
A51.42	Secondary syphilitic female pelvic disease
A51.43	Secondary syphilitic oculopathy
A51.44	Secondary syphilitic nephritis
A51.45	Secondary syphilitic hepatitis
A51.46	Secondary syphilitic osteopathy
A51.49	Other secondary syphilitic conditions
A51.5	Early syphilis, latent
A51.9	Early syphilis, unspecified
A52.00	Cardiovascular syphilis, unspecified
A52.01	Syphilitic aneurysm of aorta
A52.02	Syphilitic aortitis

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Code	Description
A52.03	Syphilitic endocarditis
A52.04	Syphilitic cerebral arteritis
A52.05	Other cerebrovascular syphilis
A52.06	Other syphilitic heart involvement
A52.09	Other cardiovascular syphilis
A52.10	Symptomatic neurosyphilis, unspecified
A52.11	Tabes dorsalis
A52.12	Other cerebrospinal syphilis
A52.13	Late syphilitic meningitis
A52.14	Late syphilitic encephalitis
A52.15	Late syphilitic neuropathy
A52.16	Charcot's arthropathy (tabetic)
A52.17	General paresis
A52.19	Other symptomatic neurosyphilis
A52.2	Asymptomatic neurosyphilis
A52.3	Neurosyphilis, unspecified
A52.71	Late syphilitic oculopathy
A52.72	Syphilis of lung and bronchus
A52.73	Symptomatic late syphilis of other respiratory organs
A52.74	Syphilis of liver and other viscera
A52.75	Syphilis of kidney and ureter
A52.76	Other genitourinary symptomatic late syphilis
A52.77	Syphilis of bone and joint
A52.78	Syphilis of other musculoskeletal tissue
A52.79	Other symptomatic late syphilis
A52.8	Late syphilis, latent
A52.9	Late syphilis, unspecified
A53.0	Latent syphilis, unspecified as early or late
A53.9	Syphilis, unspecified
A54.00	Gonococcal infection of lower genitourinary tract, unspecified

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Code	Description
A54.01	Gonococcal cystitis and urethritis, unspecified
A54.02	Gonococcal vulvovaginitis, unspecified
A54.03	Gonococcal cervicitis, unspecified
A54.09	Other gonococcal infection of lower genitourinary tract
A54.1	Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
A54.21	Gonococcal infection of kidney and ureter
A54.22	Gonococcal prostatitis
A54.23	Gonococcal infection of other male genital organs
A54.24	Gonococcal female pelvic inflammatory disease
A54.29	Other gonococcal genitourinary infections
A54.30	Gonococcal infection of eye, unspecified
A54.31	Gonococcal conjunctivitis
A54.32	Gonococcal iridocyclitis
A54.33	Gonococcal keratitis
A54.39	Other gonococcal eye infection
A54.40	Gonococcal infection of musculoskeletal system, unspecified
A54.41	Gonococcal spondylopathy
A54.42	Gonococcal arthritis
A54.43	Gonococcal osteomyelitis
A54.49	Gonococcal infection of other musculoskeletal tissue
A54.5	Gonococcal pharyngitis
A54.6	Gonococcal infection of anus and rectum
A54.81	Gonococcal meningitis
A54.82	Gonococcal brain abscess
A54.83	Gonococcal heart infection
A54.84	Gonococcal pneumonia
A54.85	Gonococcal peritonitis
A54.86	Gonococcal sepsis
A54.89	Other gonococcal infections
A54.9	Gonococcal infection, unspecified

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Code	Description
A55	Chlamydial lymphogranuloma (venereum)
A56.00	Chlamydial infection of lower genitourinary tract, unspecified
A56.01	Chlamydial cystitis and urethritis
A56.02	Chlamydial vulvovaginitis
A56.09	Other chlamydial infection of lower genitourinary tract
A56.11	Chlamydial female pelvic inflammatory disease
A56.19	Other chlamydial genitourinary infection
A56.2	Chlamydial infection of genitourinary tract, unspecified
A56.3	Chlamydial infection of anus and rectum
A56.4	Chlamydial infection of pharynx
A56.8	Sexually transmitted chlamydial infection of other sites
A57	Chancroid
A58	Granuloma inguinale
A59.01	Trichomonal vulvovaginitis
A60.00	Herpesviral infection of urogenital system, unspecified
A60.01	Herpesviral infection of penis
A60.02	Herpesviral infection of other male genital organs
A60.03	Herpesviral cervicitis
A60.04	Herpesviral vulvovaginitis
A60.09	Herpesviral infection of other urogenital tract
A60.1	Herpesviral infection of perianal skin and rectum
A60.9	Anogenital herpesviral infection, unspecified
A63.0	Anogenital (venereal) warts
A63.8	Other specified predominantly sexually transmitted diseases
A64	Unspecified sexually transmitted disease
A74.81	Chlamydial peritonitis
A74.89	Other chlamydial diseases
A74.9	Chlamydial infection, unspecified
A81.2	Progressive multifocal leukoencephalopathy
A85.0	Enteroviral encephalitis



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Code	Description
A85.1	Adenoviral encephalitis
A85.8	Other specified viral encephalitis
A86	Unspecified viral encephalitis
A87.1	Adenoviral meningitis
A87.2	Lymphocytic choriomeningitis
A88.8	Other specified viral infections of central nervous system
A89	Unspecified viral infection of central nervous system
B00.0	Eczema herpeticum
B00.1	Herpesviral vesicular dermatitis
B00.2	Herpesviral gingivostomatitis and pharyngotonsillitis
B00.3	Herpesviral meningitis
B00.4	Herpesviral encephalitis
B00.50	Herpesviral ocular disease, unspecified
B00.51	Herpesviral iridocyclitis
B00.52	Herpesviral keratitis
B00.53	Herpesviral conjunctivitis
B00.59	Other herpesviral disease of eye
B00.7	Disseminated herpesviral disease
B00.81	Herpesviral hepatitis
B00.82	Herpes simplex myelitis
B00.89	Other herpesviral infection
B00.9	Herpesviral infection, unspecified
B01.0	Varicella meningitis
B01.11	Varicella encephalitis and encephalomyelitis
B01.12	Varicella myelitis
B01.2	Varicella pneumonia
B01.81	Varicella keratitis
B01.89	Other varicella complications
B02.0	Zoster encephalitis
B02.1	Zoster meningitis

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Code	Description
B02.21	Postherpetic geniculate ganglionitis
B02.22	Postherpetic trigeminal neuralgia
B02.23	Postherpetic polyneuropathy
B02.24	Postherpetic myelitis
B02.29	Other postherpetic nervous system involvement
B02.30	Zoster ocular disease, unspecified
B02.31	Zoster conjunctivitis
B02.32	Zoster iridocyclitis
B02.33	Zoster keratitis
B02.34	Zoster scleritis
B02.39	Other herpes zoster eye disease
B02.7	Disseminated zoster
B02.8	Zoster with other complications
B02.9	Zoster without complications
B05.0	Measles complicated by encephalitis
B05.1	Measles complicated by meningitis
B05.2	Measles complicated by pneumonia
B05.3	Measles complicated by otitis media
B05.4	Measles with intestinal complications
B05.81	Measles keratitis and keratoconjunctivitis
B05.89	Other measles complications
B07.0	Plantar wart
B07.8	Other viral warts
B07.9	Viral wart, unspecified
B08.1	Molluscum contagiosum
B16.0	Acute hepatitis B with delta-agent with hepatic coma
B16.1	Acute hepatitis B with delta-agent without hepatic coma
B16.2	Acute hepatitis B without delta-agent with hepatic coma
B16.9	Acute hepatitis B without delta-agent and without hepatic coma
B17.0	Acute delta-(super) infection of hepatitis B carrier



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Code	Description
B17.10	Acute hepatitis C without hepatic coma
B17.11	Acute hepatitis C with hepatic coma
B17.8	Other specified acute viral hepatitis
B17.9	Acute viral hepatitis, unspecified
B18.0	Chronic viral hepatitis B with delta-agent
B18.1	Chronic viral hepatitis B without delta-agent
B18.2	Chronic viral hepatitis C
B18.8	Other chronic viral hepatitis
B18.9	Chronic viral hepatitis, unspecified
B19.0	Unspecified viral hepatitis with hepatic coma
B19.10	Unspecified viral hepatitis B without hepatic coma
B19.11	Unspecified viral hepatitis B with hepatic coma
B19.20	Unspecified viral hepatitis C without hepatic coma
B19.21	Unspecified viral hepatitis C with hepatic coma
B19.9	Unspecified viral hepatitis without hepatic coma
B20	Human immunodeficiency virus [HIV] disease
B25.0	Cytomegaloviral pneumonitis
B25.1	Cytomegaloviral hepatitis
B25.2	Cytomegaloviral pancreatitis
B25.8	Other cytomegaloviral diseases
B25.9	Cytomegaloviral disease, unspecified
B33.3	Retrovirus infections, not elsewhere classified
B34.3	Parvovirus infection, unspecified
B35.1	Tinea unguium
B36.0	Pityriasis versicolor
B37.0	Candidal stomatitis
B37.1	Pulmonary candidiasis
B37.2	Candidiasis of skin and nail
B37.3	Candidiasis of vulva and vagina
B37.41	Candidal cystitis and urethritis

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Code	Description
B37.42	Candidal balanitis
B37.49	Other urogenital candidiasis
B37.5	Candidal meningitis
B37.6	Candidal endocarditis
B37.7	Candidal sepsis
B37.81	Candidal esophagitis
B37.82	Candidal enteritis
B37.83	Candidal cheilitis
B37.84	Candidal otitis externa
B37.89	Other sites of candidiasis
B37.9	Candidiasis, unspecified
B38.0	Acute pulmonary coccidioidomycosis
B38.1	Chronic pulmonary coccidioidomycosis
B38.2	Pulmonary coccidioidomycosis, unspecified
B38.3	Cutaneous coccidioidomycosis
B38.4	Coccidioidomycosis meningitis
B38.7	Disseminated coccidioidomycosis
B38.81	Prostatic coccidioidomycosis
B38.89	Other forms of coccidioidomycosis
B38.9	Coccidioidomycosis, unspecified
B39.0	Acute pulmonary histoplasmosis capsulati
B39.1	Chronic pulmonary histoplasmosis capsulati
B39.2	Pulmonary histoplasmosis capsulati, unspecified
B39.3	Disseminated histoplasmosis capsulati
B39.4	Histoplasmosis capsulati, unspecified
B39.5	Histoplasmosis duboisii
B39.9	Histoplasmosis, unspecified
B40.0	Acute pulmonary blastomycosis
B40.1	Chronic pulmonary blastomycosis
B40.2	Pulmonary blastomycosis, unspecified

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Code	Description
B40.3	Cutaneous blastomycosis
B40.7	Disseminated blastomycosis
B40.81	Blastomycotic meningoencephalitis
B40.89	Other forms of blastomycosis
B40.9	Blastomycosis, unspecified
B41.0	Pulmonary paracoccidioidomycosis
B41.7	Disseminated paracoccidioidomycosis
B41.8	Other forms of paracoccidioidomycosis
B41.9	Paracoccidioidomycosis, unspecified
B44.0	Invasive pulmonary aspergillosis
B44.1	Other pulmonary aspergillosis
B44.2	Tonsillar aspergillosis
B44.7	Disseminated aspergillosis
B44.89	Other forms of aspergillosis
B44.9	Aspergillosis, unspecified
B45.0	Pulmonary cryptococcosis
B45.1	Cerebral cryptococcosis
B45.2	Cutaneous cryptococcosis
B45.3	Osseous cryptococcosis
B45.7	Disseminated cryptococcosis
B45.8	Other forms of cryptococcosis
B45.9	Cryptococcosis, unspecified
B47.1	Actinomycetoma
B47.9	Mycetoma, unspecified
B48.0	Lobomycosis
B48.4	Penicillosis
B48.8	Other specified mycoses
B55.0	Visceral leishmaniasis
B55.1	Cutaneous leishmaniasis
B55.2	Mucocutaneous leishmaniasis

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Code	Description
B55.9	Leishmaniasis, unspecified
B58.00	Toxoplasma oculopathy, unspecified
B58.01	Toxoplasma chorioretinitis
B58.09	Other toxoplasma oculopathy
B58.1	Toxoplasma hepatitis
B58.2	Toxoplasma meningoencephalitis
B58.3	Pulmonary toxoplasmosis
B58.81	Toxoplasma myocarditis
B58.82	Toxoplasma myositis
B58.83	Toxoplasma tubulo-interstitial nephropathy
B58.89	Toxoplasmosis with other organ involvement
B58.9	Toxoplasmosis, unspecified
B59	Pneumocystosis
B60.10	Acanthamebiasis, unspecified
B60.11	Meningoencephalitis due to Acanthamoeba (culbertsoni)
B60.12	Conjunctivitis due to Acanthamoeba
B60.13	Keratoconjunctivitis due to Acanthamoeba
B60.19	Other acanthamebic disease
B60.2	Naegleriasis
B60.8	Other specified protozoal diseases
B78.0	Intestinal strongyloidiasis
B78.7	Disseminated strongyloidiasis
B78.9	Strongyloidiasis, unspecified
B85.3	Phthiriasis
B86	Scabies
B96.5	Pseudomonas (aeruginosa) (mallei) (pseudomallei) as the cause of diseases classified elsewhere
B97.30	Unspecified retrovirus as the cause of diseases classified elsewhere
B97.31	Lentivirus as the cause of diseases classified elsewhere
B97.32	Oncovirus as the cause of diseases classified elsewhere



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Code	Description
B97.33	Human T-cell lymphotropic virus, type I [HTLV-I] as the cause of diseases classified elsewhere
B97.34	Human T-cell lymphotropic virus, type II [HTLV-II] as the cause of diseases classified elsewhere
B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
B97.39	Other retrovirus as the cause of diseases classified elsewhere
B99.8	Other infectious disease
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes

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Code	Description
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.10	*Nodular sclerosis Hodgkin lymphoma, unspecified site
C81.11	*Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	*Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	*Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	*Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	*Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	*Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	*Nodular sclerosis Hodgkin lymphoma, spleen
C81.18	*Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	*Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.20	*Mixed cellularity Hodgkin lymphoma, unspecified site
C81.21	*Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	*Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	*Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	*Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	*Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	*Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	*Mixed cellularity Hodgkin lymphoma, spleen
C81.28	*Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	*Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.30	*Lymphocyte depleted Hodgkin lymphoma, unspecified site
C81.31	*Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	*Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	*Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	*Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb



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Code	Description
C81.35	*Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	*Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	*Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38	*Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	*Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.40	*Lymphocyte-rich Hodgkin lymphoma, unspecified site
C81.41	*Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	*Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	*Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	*Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	*Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	*Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	*Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48	*Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	*Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.70	*Other Hodgkin lymphoma, unspecified site
C81.71	*Other Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.72	*Other Hodgkin lymphoma, intrathoracic lymph nodes
C81.73	*Other Hodgkin lymphoma, intra-abdominal lymph nodes
C81.74	*Other Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75	*Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.76	*Other Hodgkin lymphoma, intrapelvic lymph nodes
C81.77	*Other Hodgkin lymphoma, spleen
C81.78	*Other Hodgkin lymphoma, lymph nodes of multiple sites
C81.79	*Other Hodgkin lymphoma, extranodal and solid organ sites
C81.90	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes

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**Medicare National Coverage Determinations (NCD)
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Code	Description
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C83.00	Small cell B-cell lymphoma, unspecified site
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.70	Burkitt lymphoma, unspecified site
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72	Burkitt lymphoma, intrathoracic lymph nodes
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb
C83.76	Burkitt lymphoma, intrapelvic lymph nodes
C83.77	Burkitt lymphoma, spleen
C83.78	Burkitt lymphoma, lymph nodes of multiple sites
C83.79	Burkitt lymphoma, extranodal and solid organ sites
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes



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Code	Description
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
D50.0	Iron deficiency anemia secondary to blood loss (chronic)
D50.1	Sideropenic dysphagia
D50.8	Other iron deficiency anemias
D50.9	Iron deficiency anemia, unspecified
D64.9	Anemia, unspecified
D69.3	Immune thrombocytopenic purpura
D69.41	Evans syndrome
D69.42	Congenital and hereditary thrombocytopenia purpura
D69.49	Other primary thrombocytopenia
D70.0	Congenital agranulocytosis
D70.1	Agranulocytosis secondary to cancer chemotherapy
D70.2	Other drug-induced agranulocytosis

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**Medicare National Coverage Determinations (NCD)
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Code	Description
D70.3	Neutropenia due to infection
D70.4	Cyclic neutropenia
D70.8	Other neutropenia
D70.9	Neutropenia, unspecified
D72.810	Lymphocytopenia
D72.818	Other decreased white blood cell count
D72.819	Decreased white blood cell count, unspecified
D72.820	Lymphocytosis (symptomatic)
D72.821	Monocytosis (symptomatic)
D72.822	Plasmacytosis
D72.823	Leukemoid reaction
D72.824	Basophilia
D72.825	Bandemia
D72.828	Other elevated white blood cell count
D72.829	Elevated white blood cell count, unspecified
D72.89	Other specified disorders of white blood cells
D73.81	Neutropenic splenomegaly
D76.1	Hemophagocytic lymphohistiocytosis
D76.2	Hemophagocytic syndrome, infection-associated
D76.3	Other histiocytosis syndromes
E44.0	Moderate protein-calorie malnutrition
E44.1	Mild protein-calorie malnutrition
E46	Unspecified protein-calorie malnutrition
E64.0	Sequelae of protein-calorie malnutrition
F06.1	Catatonic disorder due to known physiological condition
F06.8	Other specified mental disorders due to known physiological condition
F07.0	Personality change due to known physiological condition
G03.1	Chronic meningitis
G31.09	Other frontotemporal dementia
G31.84	Mild cognitive impairment, so stated



**Medicare National Coverage Determinations (NCD)
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Code	Description
G56.00	Carpal tunnel syndrome, unspecified upper limb
G56.01	Carpal tunnel syndrome, right upper limb
G56.02	Carpal tunnel syndrome, left upper limb
G56.10	Other lesions of median nerve, unspecified upper limb
G56.11	Other lesions of median nerve, right upper limb
G56.12	Other lesions of median nerve, left upper limb
G56.20	Lesion of ulnar nerve, unspecified upper limb
G56.21	Lesion of ulnar nerve, right upper limb
G56.22	Lesion of ulnar nerve, left upper limb
G56.30	Lesion of radial nerve, unspecified upper limb
G56.31	Lesion of radial nerve, right upper limb
G56.32	Lesion of radial nerve, left upper limb
G56.40	Causalgia of unspecified upper limb
G56.41	Causalgia of right upper limb
G56.42	Causalgia of left upper limb
G56.80	Other specified mononeuropathies of unspecified upper limb
G56.81	Other specified mononeuropathies of right upper limb
G56.82	Other specified mononeuropathies of left upper limb
G56.90	Unspecified mononeuropathy of unspecified upper limb
G56.91	Unspecified mononeuropathy of right upper limb
G56.92	Unspecified mononeuropathy of left upper limb
G58.0	Intercostal neuropathy
G58.7	Mononeuritis multiplex
G60.8	Other hereditary and idiopathic neuropathies
G93.3	Postviral fatigue syndrome
G93.40	Encephalopathy, unspecified
G93.49	Other encephalopathy
G95.20	Unspecified cord compression
G95.29	Other cord compression
G95.9	Disease of spinal cord, unspecified



**Medicare National Coverage Determinations (NCD)
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Code	Description
H30.891	Other chorioretinal inflammations, right eye
H30.892	Other chorioretinal inflammations, left eye
H30.893	Other chorioretinal inflammations, bilateral
H30.899	Other chorioretinal inflammations, unspecified eye
H30.90	Unspecified chorioretinal inflammation, unspecified eye
H30.91	Unspecified chorioretinal inflammation, right eye
H30.92	Unspecified chorioretinal inflammation, left eye
H30.93	Unspecified chorioretinal inflammation, bilateral
I42.0	Dilated cardiomyopathy
I42.5	Other restrictive cardiomyopathy
I42.8	Other cardiomyopathies
I42.9	Cardiomyopathy, unspecified
I67.3	Progressive vascular leukoencephalopathy
I67.83	Posterior reversible encephalopathy syndrome
J13	Pneumonia due to Streptococcus pneumoniae
J14	Pneumonia due to Hemophilus influenzae
J15.0	Pneumonia due to Klebsiella pneumoniae
J15.1	Pneumonia due to Pseudomonas
J15.20	Pneumonia due to staphylococcus, unspecified
J15.211	Pneumonia due to Methicillin susceptible Staphylococcus aureus
J15.212	Pneumonia due to Methicillin resistant Staphylococcus aureus
J15.29	Pneumonia due to other staphylococcus
J15.3	Pneumonia due to streptococcus, group B
J15.4	Pneumonia due to other streptococci
J15.5	Pneumonia due to Escherichia coli
J15.6	Pneumonia due to other aerobic Gram-negative bacteria
J15.8	Pneumonia due to other specified bacteria
J15.9	Unspecified bacterial pneumonia
J18.1	Lobar pneumonia, unspecified organism
J18.8	Other pneumonia, unspecified organism

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**Medicare National Coverage Determinations (NCD)
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Code	Description
J18.9	Pneumonia, unspecified organism
J32.0	Chronic maxillary sinusitis
J32.1	Chronic frontal sinusitis
J32.2	Chronic ethmoidal sinusitis
J32.3	Chronic sphenoidal sinusitis
J32.4	Chronic pansinusitis
J32.8	Other chronic sinusitis
J32.9	Chronic sinusitis, unspecified
J84.09	Other alveolar and parieto-alveolar conditions
J93.11	Primary spontaneous pneumothorax
J93.12	Secondary spontaneous pneumothorax
J93.81	Chronic pneumothorax
K12.0	Recurrent oral aphthae
K12.2	Cellulitis and abscess of mouth
K13.21	Leukoplakia of oral mucosa, including tongue
K13.3	Hairy leukoplakia
K22.10	Ulcer of esophagus without bleeding
K22.11	Ulcer of esophagus with bleeding
K22.70	Barrett's esophagus without dysplasia
K22.710	Barrett's esophagus with low grade dysplasia
K22.711	Barrett's esophagus with high grade dysplasia
K22.719	Barrett's esophagus with dysplasia, unspecified
L02.01	Cutaneous abscess of face
L02.11	Cutaneous abscess of neck
L02.211	Cutaneous abscess of abdominal wall
L02.212	Cutaneous abscess of back [any part, except buttock]
L02.213	Cutaneous abscess of chest wall
L02.214	Cutaneous abscess of groin
L02.215	Cutaneous abscess of perineum
L02.216	Cutaneous abscess of umbilicus

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Code	Description
L02.219	Cutaneous abscess of trunk, unspecified
L02.31	Cutaneous abscess of buttock
L02.411	Cutaneous abscess of right axilla
L02.412	Cutaneous abscess of left axilla
L02.413	Cutaneous abscess of right upper limb
L02.414	Cutaneous abscess of left upper limb
L02.415	Cutaneous abscess of right lower limb
L02.416	Cutaneous abscess of left lower limb
L02.419	Cutaneous abscess of limb, unspecified
L02.511	Cutaneous abscess of right hand
L02.512	Cutaneous abscess of left hand
L02.519	Cutaneous abscess of unspecified hand
L02.611	Cutaneous abscess of right foot
L02.612	Cutaneous abscess of left foot
L02.619	Cutaneous abscess of unspecified foot
L02.811	Cutaneous abscess of head [any part, except face]
L02.818	Cutaneous abscess of other sites
L02.91	Cutaneous abscess, unspecified
L03.111	Cellulitis of right axilla
L03.112	Cellulitis of left axilla
L03.113	Cellulitis of right upper limb
L03.114	Cellulitis of left upper limb
L03.115	Cellulitis of right lower limb
L03.116	Cellulitis of left lower limb
L03.119	Cellulitis of unspecified part of limb
L03.121	Acute lymphangitis of right axilla
L03.122	Acute lymphangitis of left axilla
L03.123	Acute lymphangitis of right upper limb
L03.124	Acute lymphangitis of left upper limb
L03.125	Acute lymphangitis of right lower limb

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**Medicare National Coverage Determinations (NCD)
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Code	Description
L03.126	Acute lymphangitis of left lower limb
L03.129	Acute lymphangitis of unspecified part of limb
L03.211	Cellulitis of face
L03.212	Acute lymphangitis of face
L03.221	Cellulitis of neck
L03.222	Acute lymphangitis of neck
L03.311	Cellulitis of abdominal wall
L03.312	Cellulitis of back [any part except buttock]
L03.313	Cellulitis of chest wall
L03.314	Cellulitis of groin
L03.315	Cellulitis of perineum
L03.316	Cellulitis of umbilicus
L03.317	Cellulitis of buttock
L03.319	Cellulitis of trunk, unspecified
L03.321	Acute lymphangitis of abdominal wall
L03.322	Acute lymphangitis of back [any part except buttock]
L03.323	Acute lymphangitis of chest wall
L03.324	Acute lymphangitis of groin
L03.325	Acute lymphangitis of perineum
L03.326	Acute lymphangitis of umbilicus
L03.327	Acute lymphangitis of buttock
L03.329	Acute lymphangitis of trunk, unspecified
L03.811	Cellulitis of head [any part, except face]
L03.818	Cellulitis of other sites
L03.891	Acute lymphangitis of head [any part, except face]
L03.898	Acute lymphangitis of other sites
L03.90	Cellulitis, unspecified
L03.91	Acute lymphangitis, unspecified
L08.1	Erythrasma
L20.83	Infantile (acute) (chronic) eczema



**Medicare National Coverage Determinations (NCD)
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Code	Description
L21.0	Seborrhea capitis
L21.1	Seborrheic infantile dermatitis
L21.8	Other seborrheic dermatitis
L21.9	Seborrheic dermatitis, unspecified
L28.0	Lichen simplex chronicus
L28.1	Prurigo nodularis
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified
L66.3	Perifolliculitis capitis abscedens
L70.0	Acne vulgaris
L70.1	Acne conglobata
L70.2	Acne varioliformis
L70.3	Acne tropica
L70.4	Infantile acne
L70.5	*Acne excoriee
L70.8	Other acne
L70.9	Acne, unspecified
L72.0	Epidermal cyst
L72.2	Steatocystoma multiplex
L72.3	Sebaceous cyst
L72.8	Other follicular cysts of the skin and subcutaneous tissue
L72.9	Follicular cyst of the skin and subcutaneous tissue, unspecified
L73.0	Acne keloid
L73.1	Pseudofolliculitis barbae
L73.8	Other specified follicular disorders



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Code	Description
L73.9	Follicular disorder, unspecified
L85.3	Xerosis cutis
L98.3	Eosinophilic cellulitis [Wells]
M02.30	Reiter's disease, unspecified site
M02.311	Reiter's disease, right shoulder
M02.312	Reiter's disease, left shoulder
M02.319	Reiter's disease, unspecified shoulder
M02.321	Reiter's disease, right elbow
M02.322	Reiter's disease, left elbow
M02.329	Reiter's disease, unspecified elbow
M02.331	Reiter's disease, right wrist
M02.332	Reiter's disease, left wrist
M02.339	Reiter's disease, unspecified wrist
M02.341	Reiter's disease, right hand
M02.342	Reiter's disease, left hand
M02.349	Reiter's disease, unspecified hand
M02.351	Reiter's disease, right hip
M02.352	Reiter's disease, left hip
M02.359	Reiter's disease, unspecified hip
M02.361	Reiter's disease, right knee
M02.362	Reiter's disease, left knee
M02.369	Reiter's disease, unspecified knee
M02.371	Reiter's disease, right ankle and foot
M02.372	Reiter's disease, left ankle and foot
M02.379	Reiter's disease, unspecified ankle and foot
M02.38	Reiter's disease, vertebrae
M02.39	Reiter's disease, multiple sites
N05.9	Unspecified nephritic syndrome with unspecified morphologic changes
N06.9	Isolated proteinuria with unspecified morphologic lesion
N07.9	Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions



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Code	Description
N15.9	Renal tubulo-interstitial disease, unspecified
N25.81	Secondary hyperparathyroidism of renal origin
N25.89	Other disorders resulting from impaired renal tubular function
N34.1	Nonspecific urethritis
O98.411	Viral hepatitis complicating pregnancy, first trimester
O98.412	Viral hepatitis complicating pregnancy, second trimester
O98.413	Viral hepatitis complicating pregnancy, third trimester
O98.419	Viral hepatitis complicating pregnancy, unspecified trimester
O98.42	Viral hepatitis complicating childbirth
O98.43	Viral hepatitis complicating the puerperium
O98.511	Other viral diseases complicating pregnancy, first trimester
O98.512	Other viral diseases complicating pregnancy, second trimester
O98.513	Other viral diseases complicating pregnancy, third trimester
O98.519	Other viral diseases complicating pregnancy, unspecified trimester
O98.52	Other viral diseases complicating childbirth
O98.53	Other viral diseases complicating the puerperium
O98.711	Human immunodeficiency virus [HIV] disease complicating pregnancy, first trimester
O98.712	Human immunodeficiency virus [HIV] disease complicating pregnancy, second trimester
O98.713	Human immunodeficiency virus [HIV] disease complicating pregnancy, third trimester
O98.719	Human immunodeficiency virus [HIV] disease complicating pregnancy, unspecified trimester
O98.72	Human immunodeficiency virus [HIV] disease complicating childbirth
O98.73	Human immunodeficiency virus [HIV] disease complicating the puerperium
R04.2	Hemoptysis
R04.81	Acute idiopathic pulmonary hemorrhage in infants
R04.89	Hemorrhage from other sites in respiratory passages
R04.9	Hemorrhage from respiratory passages, unspecified
R05	Cough
R06.02	Shortness of breath
R06.9	Unspecified abnormalities of breathing
R09.3	Abnormal sputum

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**Medicare National Coverage Determinations (NCD)
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Code	Description
R19.7	Diarrhea, unspecified
R50.81	Fever presenting with conditions classified elsewhere
R50.82	Postprocedural fever
R50.83	Postvaccination fever
R50.84	Febrile nonhemolytic transfusion reaction
R50.9	Fever, unspecified
R53.0	Neoplastic (malignant) related fatigue
R53.1	Weakness
R53.81	Other malaise
R53.83	Other fatigue
R59.0	Localized enlarged lymph nodes
R59.1	Generalized enlarged lymph nodes
R59.9	Enlarged lymph nodes, unspecified
R62.50	Unspecified lack of expected normal physiological development in childhood
R62.59	Other lack of expected normal physiological development in childhood
R63.4	Abnormal weight loss
R64	Cachexia
R68.0	Hypothermia, not associated with low environmental temperature
R68.83	Chills (without fever)
R75	Inconclusive laboratory evidence of human immunodeficiency virus [HIV]
Z04.41	Encounter for examination and observation following alleged adult rape
Z04.42	Encounter for examination and observation following alleged child rape
Z20.5	Contact with and (suspected) exposure to viral hepatitis
Z20.6	Contact with and (suspected) exposure to human immunodeficiency virus [HIV]
Z20.820	Contact with and (suspected) exposure to varicella
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases

Indications

Diagnostic testing to establish HIV infection may be indicated when there is a strong clinical suspicion supported by one or more of the following clinical findings:

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1. The patient has a documented, otherwise unexplained, AIDS-defining or AIDS-associated opportunistic infection.
2. The patient has another documented sexually transmitted disease which identifies significant risk of exposure to HIV and the potential for an early or subclinical infection.
3. The patient has documented acute or chronic hepatitis B or C infection that identifies a significant risk of exposure to HIV and the potential for an early or subclinical infection.
4. The patient has a documented AIDS-defining or AIDS-associated neoplasm.
5. The patient has a documented AIDS-associated neurologic disorder or otherwise unexplained dementia.
6. The patient has another documented AIDS-defining clinical condition, or a history of other severe, recurrent, or persistent conditions which suggest an underlying immune deficiency (for example, cutaneous or mucosal disorders).
7. The patient has otherwise unexplained generalized signs and symptoms suggestive of a chronic process with an underlying immune deficiency (for example, fever, weight loss, malaise, fatigue, chronic diarrhea, failure to thrive, chronic cough, hemoptysis, shortness of breath, or lymphadenopathy).
8. The patient has otherwise unexplained laboratory evidence of a chronic disease process with an underlying immune deficiency (for example, anemia, leukopenia, pancytopenia, lymphopenia, or low CD4+ lymphocyte count).
9. The patient has signs and symptoms of acute retroviral syndrome with fever, malaise, lymphadenopathy, and skin rash.
10. The patient has documented exposure to blood or body fluids known to be capable of transmitting HIV (for example, needlesticks and other significant blood exposures) and antiviral therapy is initiated or anticipated to be initiated.
11. The patient is undergoing treatment for rape. (HIV testing is part of the rape treatment protocol.)

Limitations

1. HIV antibody testing in the United States is usually performed using HIV-1 or HIV-1/2 combination tests. HIV-2 testing is indicated if clinical circumstances suggest HIV-2 is likely (that is compatible clinical findings and HIV-1 test negative). HIV-2 testing may be indicated in areas of the country where there is greater prevalence of HIV-2 infections.
2. The Western Blot test should be performed only after documentation that the initial EIA tests are repeatedly positive or equivocal on a single sample.
3. The HIV antigen tests currently have no defined diagnostic usage.
4. Direct viral RNA detection may be performed in those situations where serologic testing does not establish a diagnosis but strong clinical suspicion persists (for example, acute retroviral syndrome, nonspecific serologic evidence of HIV, or perinatal HIV infection).



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5. If initial serologic tests confirm an HIV infection, repeat testing is not indicated.
6. If initial serologic tests are HIV EIA negative and there is no indication for confirmation of infection by viral RNA detection, the interval prior to retesting is 3-6 months.
7. Testing for evidence of HIV infection using serologic methods may be medically appropriate in situations where there is a risk of exposure to HIV. However, in the absence of a documented AIDS defining or HIV-associated disease, an HIV-associated sign or symptom, or documented exposure to a known HIV-infected source, the testing is considered by Medicare to be screening and thus is not covered by Medicare (for example, history of multiple blood component transfusions, exposure to blood or body fluids not resulting in consideration of therapy, history of transplant, history of illicit drug use, multiple sexual partners, same-sex encounters, prostitution, or contact with prostitutes).
8. The CPT Editorial Panel has issued a number of codes for infectious agent detection by direct antigen or nucleic acid probe techniques that have not yet been developed or are only being used on an investigational basis. Laboratory providers are advised to remain current on FDA-approval status for these tests.

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.

Documentation Requirements

Appropriate HCPCS/CPT code (s) must be used as described.

Sources of Information

CDC, 1993. Revised classification system for HIV infection and expanded surveillance case definition for AIDS among adolescents and adults. MMWR 41 (No. RR17).

CDC, 1994. Revised classification system for human immunodeficiency virus infection in children less than 13 years of age.

CDC, 1998. Guidelines for treatment of sexually transmitted diseases. MMWR 47 (RR1):11-17.

Piatak, M., M.S. Saag, L.C. Yang, et al. 1993. High levels of HIV-1 in plasma during all stages of infection determined by competitive PCR. Science 259:1749-1754.

Rhame, R.S. 1994. Acquired immunodeficiency syndrome, p. 628-652. In Infectious Diseases; P.D. Hoeprich, M.C. Jordan, and A.R. Ronald (J.B. Lippincott Co., Philadelphia).

Vasudevachari, M.D., R.T. Davey, Jr., J.A. Metcalf, and H.C. Lane. 1997. Principles and procedures of human immunodeficiency virus serodiagnosis. In Manual of Clinical Laboratory Immunology (Fifth ed.); N.R. Rose, E.C. de Macario, J.D. Folds, H.C. Lane, and R.M. Nakamura (ASM Press, Washington, DC).