

2018
MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.24
 PROCEDURE CODE: 80162

DIGOXIN THERAPEUTIC DRUG ASSAY

DLS TEST CODE AND NAME

437	DIGOXIN
------------	----------------

ICD-10 CODE	DESCRIPTION
A18.84	Tuberculosis of heart
E00.0	Congenital iodine-deficiency syndrome, neurological type
E00.1	Congenital iodine-deficiency syndrome, myxedematous type
E00.2	Congenital iodine-deficiency syndrome, mixed type
E00.9	Congenital iodine-deficiency syndrome, unspecified
E01.8	Other iodine-deficiency related thyroid disorders and allied conditions
E02	Subclinical iodine-deficiency hypothyroidism
E03.0	Congenital hypothyroidism with diffuse goiter
E03.1	Congenital hypothyroidism without goiter
E03.2	Hypothyroidism due to medicaments and other exogenous substances
E03.3	Postinfectious hypothyroidism
E03.5	Myxedema coma
E03.8	Other specified hypothyroidism
E03.9	Hypothyroidism, unspecified
E05.00	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm
E05.01	Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm
E05.10	Thyrotoxicosis with toxic single thyroid nodule without thyrotoxic crisis or storm
E05.11	Thyrotoxicosis with toxic single thyroid nodule with thyrotoxic crisis or storm
E05.20	Thyrotoxicosis with toxic multinodular goiter without thyrotoxic crisis or storm
E05.21	Thyrotoxicosis with toxic multinodular goiter with thyrotoxic crisis or storm
E05.30	Thyrotoxicosis from ectopic thyroid tissue without thyrotoxic crisis or storm
E05.31	Thyrotoxicosis from ectopic thyroid tissue with thyrotoxic crisis or storm
E05.40	Thyrotoxicosis factitia without thyrotoxic crisis or storm
E05.41	Thyrotoxicosis factitia with thyrotoxic crisis or storm
E05.80	Other thyrotoxicosis without thyrotoxic crisis or storm
E05.81	Other thyrotoxicosis with thyrotoxic crisis or storm
E05.90	Thyrotoxicosis, unspecified without thyrotoxic crisis or storm
E05.91	Thyrotoxicosis, unspecified with thyrotoxic crisis or storm
E06.0	Acute thyroiditis
E06.1	Subacute thyroiditis
E06.2	Chronic thyroiditis with transient thyrotoxicosis
E06.3	Autoimmune thyroiditis
E06.4	Drug-induced thyroiditis
E06.5	Other chronic thyroiditis
E06.9	Thyroiditis, unspecified

2018
MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.24
 PROCEDURE CODE: 80162

DIGOXIN THERAPEUTIC DRUG ASSAY

DLS TEST CODE AND NAME

437	DIGOXIN
------------	----------------

ICD-10 CODE	DESCRIPTION
E20.1	Pseudohypoparathyroidism
E83.40	Disorders of magnesium metabolism, unspecified
E83.41	Hypermagnesemia
E83.42	Hypomagnesemia
E83.49	Other disorders of magnesium metabolism
E83.50	Unspecified disorder of calcium metabolism
E83.51	Hypocalcemia
E83.52	Hypercalcemia
E83.59	Other disorders of calcium metabolism
E83.81	Hungry bone syndrome
E86.0	Dehydration
E86.1	Hypovolemia
E86.9	Volume depletion, unspecified
E87.0	Hyperosmolality and hypernatremia
E87.1	Hypo-osmolality and hyponatremia
E87.2	Acidosis
E87.3	Alkalosis
E87.4	Mixed disorder of acid-base balance
E87.5	Hyperkalemia
E87.6	Hypokalemia
E87.70	Fluid overload, unspecified
E87.71	Transfusion associated circulatory overload
E87.79	Other fluid overload
E87.8	Other disorders of electrolyte and fluid balance, not elsewhere classified
E89.0	Postprocedural hypothyroidism
F05	Delirium due to known physiological condition
F51.5	Nightmare disorder
G44.1	Vascular headache, not elsewhere classified
G44.40	Drug-induced headache, not elsewhere classified, not intractable
G44.41	Drug-induced headache, not elsewhere classified, intractable
H53.16	Psychophysical visual disturbances
H53.71	Glare sensitivity
H53.72	Impaired contrast sensitivity
H53.8	Other visual disturbances
H53.9	Unspecified visual disturbance
I08.1	Rheumatic disorders of both mitral and tricuspid valves

2018
MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.24
 PROCEDURE CODE: 80162

DIGOXIN THERAPEUTIC DRUG ASSAY

DLS TEST CODE AND NAME

437	DIGOXIN
------------	----------------

ICD-10 CODE	DESCRIPTION
I08.2	Rheumatic disorders of both aortic and tricuspid valves
I08.3	Combined rheumatic disorders of mitral, aortic and tricuspid valves
I08.8	Other rheumatic multiple valve diseases
I08.9	Rheumatic multiple valve disease, unspecified
I09.0	Rheumatic myocarditis
I09.1	Rheumatic diseases of endocardium, valve unspecified
I09.81	Rheumatic heart failure
I11.0	Hypertensive heart disease with heart failure
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I20.0	Unstable angina
I20.1	Angina pectoris with documented spasm
I20.8	Other forms of angina pectoris
I20.9	Angina pectoris, unspecified
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
I21.29	ST elevation (STEMI) myocardial infarction involving other sites
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site
I21.4	Non-ST elevation (NSTEMI) myocardial infarction
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites

2018
MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.24
 PROCEDURE CODE: 80162

DIGOXIN THERAPEUTIC DRUG ASSAY

DLS TEST CODE AND NAME

437	DIGOXIN
------------	----------------

ICD-10 CODE	DESCRIPTION
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site
I23.1	Atrial septal defect as current complication following acute myocardial infarction
I23.2	Ventricular septal defect as current complication following acute myocardial infarction
I23.4	Rupture of chordae tendineae as current complication following acute myocardial infarction
I23.5	Rupture of papillary muscle as current complication following acute myocardial infarction
I24.0	Acute coronary thrombosis not resulting in myocardial infarction
I24.1	Dressler's syndrome
I24.8	Other forms of acute ischemic heart disease
I24.9	Acute ischemic heart disease, unspecified
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris

2018
MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.24
 PROCEDURE CODE: 80162

DIGOXIN THERAPEUTIC DRUG ASSAY

DLS TEST CODE AND NAME

437 DIGOXIN

ICD-10 CODE	DESCRIPTION
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris
I25.84	Coronary atherosclerosis due to calcified coronary lesion
I27.83	Eisenmenger's syndrome (added effective 10-1-2017)
I40.0	Infective myocarditis
I40.1	Isolated myocarditis
I40.8	Other acute myocarditis
I40.9	Acute myocarditis, unspecified
I41	Myocarditis in diseases classified elsewhere
I42.0	Dilated cardiomyopathy

2018
MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.24
 PROCEDURE CODE: 80162

DIGOXIN THERAPEUTIC DRUG ASSAY

DLS TEST CODE AND NAME

437 DIGOXIN

ICD-10 CODE	DESCRIPTION
I42.1	Obstructive hypertrophic cardiomyopathy
I42.2	Other hypertrophic cardiomyopathy
I42.3	Endomyocardial (eosinophilic) disease
I42.4	Endocardial fibroelastosis
I42.5	Other restrictive cardiomyopathy
I42.6	Alcoholic cardiomyopathy
I42.7	Cardiomyopathy due to drug and external agent
I42.8	Other cardiomyopathies
I42.9	Cardiomyopathy, unspecified
I43	Cardiomyopathy in diseases classified elsewhere
I44.0	Atrioventricular block, first degree
I44.1	Atrioventricular block, second degree
I44.2	Atrioventricular block, complete
I44.30	Unspecified atrioventricular block
I44.39	Other atrioventricular block
I44.4	Left anterior fascicular block
I44.5	Left posterior fascicular block
I44.60	Unspecified fascicular block
I44.69	Other fascicular block
I44.7	Left bundle-branch block, unspecified
I45.0	Right fascicular block
I45.10	Unspecified right bundle-branch block
I45.19	Other right bundle-branch block
I45.2	Bifascicular block
I45.3	Trifascicular block
I45.4	Nonspecific intraventricular block
I45.5	Other specified heart block
I45.6	Pre-excitation syndrome
I45.81	Long QT syndrome
I45.89	Other specified conduction disorders
I45.9	Conduction disorder, unspecified
I46.2	Cardiac arrest due to underlying cardiac condition
I46.8	Cardiac arrest due to other underlying condition
I46.9	Cardiac arrest, cause unspecified
I47.0	Re-entry ventricular arrhythmia
I47.1	Supraventricular tachycardia
I47.2	Ventricular tachycardia
I47.9	Paroxysmal tachycardia, unspecified

2018
MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.24
 PROCEDURE CODE: 80162

DIGOXIN THERAPEUTIC DRUG ASSAY

DLS TEST CODE AND NAME

437 DIGOXIN

ICD-10 CODE	DESCRIPTION
I48.0	Paroxysmal atrial fibrillation
I48.1	Persistent atrial fibrillation
I48.2	Chronic atrial fibrillation
I48.3	Typical atrial flutter
I48.4	Atypical atrial flutter
I48.91	Unspecified atrial fibrillation
I48.92	Unspecified atrial flutter
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter
I49.1	Atrial premature depolarization
I49.2	Junctional premature depolarization
I49.3	Ventricular premature depolarization
I49.40	Unspecified premature depolarization
I49.49	Other premature depolarization
I49.5	Sick sinus syndrome
I49.8	Other specified cardiac arrhythmias
I49.9	Cardiac arrhythmia, unspecified
I50.1	Left ventricular failure, unspecified
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.814	Right heart failure due to left heart failure (added effective 10-1-2017)
I50.82	Biventricular heart failure (added effective 10-1-2017)
I50.84	End stage heart failure (added effective 10-1-2017)
I50.89	Other heart failure (added effective 10-1-2017)
I50.9	Heart failure, unspecified
I51.0	Cardiac septal defect, acquired
I51.1	Rupture of chordae tendineae, not elsewhere classified
I51.2	Rupture of papillary muscle, not elsewhere classified

2018
MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.24
 PROCEDURE CODE: 80162

DIGOXIN THERAPEUTIC DRUG ASSAY

DLS TEST CODE AND NAME

437	DIGOXIN
------------	----------------

ICD-10 CODE	DESCRIPTION
I74.01	Saddle embolus of abdominal aorta
I74.09	Other arterial embolism and thrombosis of abdominal aorta
I74.10	Embolism and thrombosis of unspecified parts of aorta
I74.19	Embolism and thrombosis of other parts of aorta
I97.0	Postcardiotomy syndrome
I97.110	Postprocedural cardiac insufficiency following cardiac surgery
I97.111	Postprocedural cardiac insufficiency following other surgery
I97.120	Postprocedural cardiac arrest following cardiac surgery
I97.121	Postprocedural cardiac arrest following other surgery
I97.130	Postprocedural heart failure following cardiac surgery
I97.131	Postprocedural heart failure following other surgery
I97.190	Other postprocedural cardiac functional disturbances following cardiac surgery
I97.191	Other postprocedural cardiac functional disturbances following other surgery
J81.1	Chronic pulmonary edema
K52.21	Food protein-induced enterocolitis syndrome
K52.22	Food protein-induced enteropathy
K52.29	Other allergic and dietetic gastroenteritis and colitis
K52.89	Other specified noninfective gastroenteritis and colitis
K76.81	Hepatopulmonary syndrome
K90.9	Intestinal malabsorption, unspecified
N17.0	Acute kidney failure with tubular necrosis
N17.1	Acute kidney failure with acute cortical necrosis
N17.2	Acute kidney failure with medullary necrosis
N17.8	Other acute kidney failure
N17.9	Acute kidney failure, unspecified
N18.1	Chronic kidney disease, stage 1
N18.2	Chronic kidney disease, stage 2 (mild)
N18.3	Chronic kidney disease, stage 3 (moderate)
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N18.9	Chronic kidney disease, unspecified
N19	Unspecified kidney failure
N25.0	Renal osteodystrophy
N25.1	Nephrogenic diabetes insipidus
N25.81	Secondary hyperparathyroidism of renal origin
N25.89	Other disorders resulting from impaired renal tubular function
N25.9	Disorder resulting from impaired renal tubular function, unspecified

2018
MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.24
 PROCEDURE CODE: 80162

DIGOXIN THERAPEUTIC DRUG ASSAY

DLS TEST CODE AND NAME

437	DIGOXIN
------------	----------------

ICD-10 CODE	DESCRIPTION
N26.1	Atrophy of kidney (terminal)
N26.9	Renal sclerosis, unspecified
O36.8329	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, other fetus (added effective 10-1-2017)
O36.8330	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, not applicable or unspecified (added effective 10-1-2017)
O36.8331	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 1 (added effective 10-1-2017)
O36.8332	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 2 (added effective 10-1-2017)
O36.8333	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 3 (added effective 10-1-2017)
O36.8334	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 4 (added effective 10-1-2017)
O36.8335	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 5 (added effective 10-1-2017)
O36.8339	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, other fetus (added effective 10-1-2017)
R00.1	Bradycardia, unspecified
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.14	Bilious vomiting
R11.2	Nausea with vomiting, unspecified
R19.7	Diarrhea, unspecified
R40.0	Somnolence
R40.1	Stupor
R40.20	Unspecified coma
R40.2110	Coma scale, eyes open, never, unspecified time
R40.2111	Coma scale, eyes open, never, in the field [EMT or ambulance]
R40.2112	Coma scale, eyes open, never, at arrival to emergency department
R40.2113	Coma scale, eyes open, never, at hospital admission
R40.2114	Coma scale, eyes open, never, 24 hours or more after hospital admission
R40.2120	Coma scale, eyes open, to pain, unspecified time
R40.2121	Coma scale, eyes open, to pain, in the field [EMT or ambulance]
R40.2122	Coma scale, eyes open, to pain, at arrival to emergency department
R40.2123	Coma scale, eyes open, to pain, at hospital admission

2018
MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.24
 PROCEDURE CODE: 80162

DIGOXIN THERAPEUTIC DRUG ASSAY

DLS TEST CODE AND NAME

437 DIGOXIN

ICD-10 CODE	DESCRIPTION
R40.2124	Coma scale, eyes open, to pain, 24 hours or more after hospital admission
R40.2210	Coma scale, best verbal response, none, unspecified time
R40.2211	Coma scale, best verbal response, none, in the field [EMT or ambulance]
R40.2212	Coma scale, best verbal response, none, at arrival to emergency department
R40.2213	Coma scale, best verbal response, none, at hospital admission
R40.2214	Coma scale, best verbal response, none, 24 hours or more after hospital admission
R40.2220	Coma scale, best verbal response, incomprehensible words, unspecified time
R40.2221	Coma scale, best verbal response, incomprehensible words, in the field [EMT or ambulance]
R40.2222	Coma scale, best verbal response, incomprehensible words, at arrival to emergency department
R40.2223	Coma scale, best verbal response, incomprehensible words, at hospital admission
R40.2224	Coma scale, best verbal response, incomprehensible words, 24 hours or more after hospital admission
R40.2310	Coma scale, best motor response, none, unspecified time
R40.2311	Coma scale, best motor response, none, in the field [EMT or ambulance]
R40.2312	Coma scale, best motor response, none, at arrival to emergency department
R40.2313	Coma scale, best motor response, none, at hospital admission
R40.2314	Coma scale, best motor response, none, 24 hours or more after hospital admission
R40.2320	Coma scale, best motor response, extension, unspecified time
R40.2321	Coma scale, best motor response, extension, in the field [EMT or ambulance]
R40.2322	Coma scale, best motor response, extension, at arrival to emergency department
R40.2323	Coma scale, best motor response, extension, at hospital admission
R40.2324	Coma scale, best motor response, extension, 24 hours or more after hospital admission
R40.2340	Coma scale, best motor response, flexion withdrawal, unspecified time
R40.2341	Coma scale, best motor response, flexion withdrawal, in the field [EMT or ambulance]
R40.2342	Coma scale, best motor response, flexion withdrawal, at arrival to emergency department
R40.2343	Coma scale, best motor response, flexion withdrawal, at hospital admission
R40.2344	Coma scale, best motor response, flexion withdrawal, 24 hours or more after hospital admission
R40.4	Transient alteration of awareness
R42	Dizziness and giddiness
R44.0	Auditory hallucinations
R44.1	Visual hallucinations
R44.2	Other hallucinations
R44.3	Hallucinations, unspecified
R45.0	Nervousness
R45.3	Demoralization and apathy

2018
MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.24
 PROCEDURE CODE: 80162

DIGOXIN THERAPEUTIC DRUG ASSAY

DLS TEST CODE AND NAME

437 DIGOXIN

ICD-10 CODE	DESCRIPTION
R45.4	Irritability and anger
R45.86	Emotional lability
R45.87	Impulsiveness
R45.89	Other symptoms and signs involving emotional state
R48.3	Visual agnosia
R51	Headache
R53.1	Weakness
R53.2	Functional quadriplegia
R53.81	Other malaise
R53.82	Chronic fatigue, unspecified
R53.83	Other fatigue
R55	Syncope and collapse
R63.0	Anorexia
R94.31	Abnormal electrocardiogram [ECG] [EKG]
T46.0X1A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, accidental (unintentional), initial encounter
T46.0X2A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, intentional self-harm, initial encounter
T46.0X3A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, assault, initial encounter
T46.0X4A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, undetermined, initial encounter
**T46.0X5A	Adverse effect of cardiac-stimulant glycosides and drugs of similar action, initial encounter
**T46.0X5S	Adverse effect of cardiac-stimulant glycosides and drugs of similar action, sequela
T46.1X5A	Adverse effect of calcium-channel blockers, initial encounter
T46.2X1A	Poisoning by other antidysrhythmic drugs, accidental (unintentional), initial encounter
T46.2X2A	Poisoning by other antidysrhythmic drugs, intentional self-harm, initial encounter
T46.2X3A	Poisoning by other antidysrhythmic drugs, assault, initial encounter
T46.2X4A	Poisoning by other antidysrhythmic drugs, undetermined, initial encounter
T46.2X5A	Adverse effect of other antidysrhythmic drugs, initial encounter
T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
T50.995A	Adverse effect of other drugs, medicaments and biological substances, initial encounter
T78.41XA	Arthus phenomenon, initial encounter
T88.52XA	Failed moderate sedation during procedure, initial encounter
Z79.84	Long term (current) use of oral hypoglycemic drugs
Z79.899	Other long term (current) drug therapy

**Codes may not be reported as a stand-alone or first-listed code on the claim.