2013 NATIONAL COVERAGE DETERMINATION (NCD)

Non-Covered ICD-9-CM Codes for All NCD Edits

This section lists codes that are never covered. If a code from this section is given as the reason for the test, the test may be billed to the Medicare beneficiary without billing Medicare first because the service is not covered by statute, in most instances because it is performed for screening purposes and is not within an exception. The beneficiary, however, does have a right to have the claim submitted to Medicare, upon request.

DESCRIPTION		
of		
ICD-9 CODES <u>NOT</u> COVERED		
ICD 9 CODE	DESCRIPTION	
V62.1	ADVERSE EFFECTS OF WORK ENVIRONMENT	
	ELECTIVE SURGERY FOR PURPOSES OTHER THAN REMEDYING	
V50.0 - V50.9	HEALTH STATES	
V28.0 - V28.9	ENCOUNTER FOR ANTENATAL SCREENING OF MOTHER	
V68.0 - V68.9	ENCOUNTERS FOR ADMINISTRATIVE PURPOSES	
	FAMILY HISTORY OF ANEMIA; OTHER BLOOD DISORDERS; MENTAL	
V18.2-V18.4,	RETARDATION; COLONIC POLYPS; OTHER DIGESTIVE DISORDERS;	
V18.51,V18.59,	POLYCYSTIC KIDNEY; OTHER KIDNEY DISEASES; OTHER	
V18.61, V18.69,	GENITOURINARY DISEASES; INFECTIOUS AND PARASITIC DISEASES;	
V18.7-V18.9	GENETIC DISEASE CARRIER	
	FAMILY HISTORY OF ASTHMA; OTHER CHRONIC RESPIRATORY	
V17.5 - V17.89	CONDITIONS ARTHRITIS; OTHER MUSCULOSKELETAL DISEASES	
V17.0-V17.3	FAMILY HISTORY OF CERTAIN CHRONIC DISABLING DISEASES	
V18.0	FAMILY HISTORY OF DIABETES MELLITUS	
V16.52	FAMILY HISTORY OF MALIGNANT NEOPLASM, BLADDER	
V16.40	FAMILY HISTORY OF MALIGNANT NEOPLASM, GENITAL ORGANS	
V16.51	FAMILY HISTORY OF MALIGNANT NEOPLASM, KIDNEY	
V16.6	FAMILY HISTORY OF MALIGNANT NEOPLASM, LEUKEMIA	
V16.59	FAMILY HISTORY OF MALIGNANT NEOPLASM, OTHER	
	FAMILY HISTORY OF MALIGNANT NEOPLASM, OTHER LYMPHATIC	
V16.7	AND HEMATOPOIETIC NEOPLASMS	
	FAMILY HISTORY OF MALIGNANT NEOPLASM, OTHER RESPIRATORY	
V16.2	AND INTRATHORACIC ORGANS	

Source:http://www.cms.hhs.gov/CoverageGenInfo Effective Date: October 1, 2011

DESCRIPTION of **ICD-9 CODES NOT COVERED ICD 9 CODE** DESCRIPTION FAMILY HISTORY OF MALIGNANT NEOPLASM, OTHER SPECIFIED V16.8 MALIGNANT NEOPLASM FAMILY HISTORY OF MALIGNANT NEOPLASM, TRACHEA, BRONCHUS, AND LUNG V16.1 FAMILY HISTORY OF MALIGNANT NEOPLASM, UNSPECIFIED V16.9 MALIGNANT NEOPLASM V16.50 FAMILY HISTORY OF MALIGNANT NEOPLASM, URINARY ORGANS FAMILY HISTORY OF MULTIPLE ENDOCRINE NEOPLASIA (MEN) V18.11 SYNDROME

FAMILY HISTORY OF OTHER CONDITIONS

HEALTH SUPERVISION OF INFANT OR CHILD

PERSON LIVING IN RESIDENTIAL INSTITUTION

GENERAL MEDICAL EXAMINATIONS

FOSTER CARE (STATUS)

HEARING AID

DISEASES

(HPV)

SPIROCHETAL DISEASES

V17.49 V19.0-V19.8

V18.19

V17.41

V60.81

V20.32

V20.31

V65.0 V53.2

V70.0 - V70.9

V20.0 - V20.2

V60.0-V60.6

V73.88-V73.89

V65.19

V60.89

V65.11

V15.85

V73.81

V75.0 - V75.9

V74.0 - V74.9

FAMILY HISTORY OF OTHER CARDIOVASCULAR DISEASES

FAMILY HISTORY OF SUDDEN CARDIAC DEATH (SCD)

HEALTHY PERSONS ACCOMPANYING SICK PERSONS

OTHER SPECIFIED CHLAMYDIAL AND VIRAL DISEASES

PEDIATRIC PRE-BIRTH VISIT FOR EXPECTANT PARENT(S)
PERSONAL HISTORY OF CONTACT WITH AND (SUSPECTED)
EXPOSURE TO POTENTIALLY HAZARDOUS BODY FLUIDS

HEALTH SUPERVISION FOR NEWBORN 8 TO 28 DAYS OLD

HEALTH SUPERVISION FOR NEWBORN UNDER 8 DAYS OLD

LACK OF HOUSING; INADEQUATE HOUSING; LACK OF MATERIAL RESOURCES; PERSON LIVING ALONE; NO OTHER HOUSEHOLD PERSON AVLE TO RENDER CARE; HOLIDAY RELIEF CARE; AND

OTHER PERSON CONSULTING ON BEHALF OF ANOTHER PERSON

OTHER SPECIFIED HOUSING OR ECONOMIC CIRCUMSTANCES

SPECIAL SCREENING EXAMINATION FOR OTHER INFECTIOUS

SPECIAL SCREENING EXAMINATIONS FOR HUMAN PAPILLOMAVIRUS

SPECIAL SCREENING EXAMINATIONS FOR BACTERIAL AND

FAMILY HISTORY OF OTHER ENDOCRINE AND METABOLIC DISEASES

DESCRIPTION of		
ICD-9 CODES NOT COVERED		
ICD 9 CODE	DESCRIPTION	
V73.0-V73.6	SPECIAL SCREENING EXAMINATIONS FOR VIRAL AND CHLAMYDIA DISEASES	
V81.3-V81.6	SPECIAL SCREENING FOR CARDIOVASCULAR, RESPIRATORY, AND GENITOURINARY DISEASES	
V78.0-V78.9	SPECIAL SCREENING FOR DISORDERS OF BLOOD AND BLOOD-FORMING ORGANS	
V77.0	IMMUNITY DISORDERS	
V77.2-V77.99	SPECIAL SCREENING FOR ENDOCRINE, NUTRITION, METABOLIC, AND IMMUNITY DISORDERS	
V80.1-V80.3	SPECIAL SCREENING FOR GLAUCOMA AND OTHER EYE CONDITIONS; EAR DISEASES	
V76.3	SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, BLADDER	
V76.0	SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, RESPIRATORY ORGANS	
V76.42-V76.43, V76.45-V76.47,		
V76.49, V76.50,		
V76.52, V76.81,	SPECIAL SCREENING FOR MALIGNANT NEOPLASMS,(SITES OTHER	
V76.89,V76.9	THAN BREAST, CERVIX, AND RECTUM)	
V79.0-V79.9	SPECIAL SCREENING FOR MENTAL DISORDERS	
V82.0-V82.6,		
V82.71,V82.79,		
V82.81, V82.89,		
V82.9	SPECIAL SCREENING FOR OTHER CONDITIONS	