FIRST COAST SERVICE OPTIONS
MAC - PART A/B
LOCAL COVERAGE DETERMINATION

LCD Database ID Number
L33707

Contractor Name
First Coast Service Options, Inc.

Contractor Number
09101 - Florida
09201 – Puerto Rico/Virgin Islands
09102 – Florida
09202 – Puerto Rico
09302 – Virgin Islands

Contractor Type
MAC – Part A and B

LCD Title
Pulmonary Diagnostic Services

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Unless otherwise specified, italicized text represent quotation from one or more of the following CMS sources:

N/A
Primary Geographic Jurisdiction

Florida
Puerto Rico/Virgin Islands

Oversight Region

Region I

Original Determination Effective Date

10/01/2015

Original Determination Ending Date

N/A

Revision Effective Date

N/A

Revision Ending Date

N/A

Indications and Limitations of Coverage and/or Medical Necessity

Pulmonary diagnostic tests will be considered medically necessary for the indications outlined below. It is expected the provider of services will follow a thoughtful, purposeful sequence in his/her selection of tests appropriate to the patient’s presenting complaint, medical history, physical examination, etc.

Indications

Pulmonary diagnostic services will be considered reasonable and medically necessary when

- Ordered by the patient’s treating physician for a specific medical problem; and
- When performed only by providers of pulmonary services or other providers who have specialized training and expertise in performing pulmonary diagnostic services.

The CMS Manual System, Pub. 100-08, Program Integrity Manual, Chapter 13, Section 5.1 (http://www.cms.hhs.gov/manuals/downloads/pim83c13.pdf) outlines that “reasonable and necessary” services are "ordered and/or furnished by qualified personnel."

A qualified physician for this service/procedure is defined as follows: A) Physician is properly enrolled in Medicare. B) Training and expertise must have been acquired within the framework of an accredited residency and/or fellowship program in the applicable specialty/subspecialty in the United States or must reflect equivalent education, training, and expertise endorsed by an academic institution in the United States and/or by the applicable specialty/subspecialty society in the United States.

Pulmonary function studies 94010, 94060, 94070, and 94375 must be: (1) performed by a qualified physician, or (2) performed under the general supervision of a qualified physician by a technologist (i.e. medical assistant, nurse) who has been trained to perform these tests by a qualified physician.
Pulmonary function studies 94621, 94726, 94727, 94728, 94729 and 94750 must be: (1) performed by a qualified physician, or (2) performed under the general supervision of a qualified physician by a technologist who has demonstrated minimum entry level competency by being credentialed by a recognized national credentialing body such as the National Board for Respiratory Care (NBRC). In addition to receiving credentialing by a recognized national credentialing body, qualified technologists must have a state license.

Examples of certification for pulmonary diagnostic testing by non-physician personnel include:

- Certified Pulmonary Function Technician (CPFT)
- Registered Pulmonary Function Technician (RPFT)
- Certified Respiratory Therapist (CRT)
- Registered Respiratory Therapist (RRT)
- Perinatal/Pediatric Care Specialist

In addition to credentialing requirements, a state license is required if mandated by the state/territory of the practicing clinician. In the absence of a state/territory licensing or credentialing process, documentation should be maintained by the supervising physician which demonstrates appropriate training of staff performing the services. This documentation should be available-upon request.

**Limitations**

The use of pulmonary diagnostic function testing as part of the routine clinical exam is not a covered benefit. In instances where studies are recommended as part of a preoperative evaluation in a patient with no active pulmonary symptoms, the record must document the rationale for the study (i.e. long history of smoking, asbestos exposure, exposure to toxic drugs, etc). Studies performed in the absence of such documentation will be considered not reasonable and medically necessary.

Patient initiated spirometry (94014, 94015 and 94016) are non covered and will not be reimbursed.

**Pulmonary Function Tests**

PFTs measure two components of the respiratory system: the mechanical ability of the respiratory system to move air in and out of the lungs; and the effectiveness of the respiratory system in exchanging oxygen and carbon dioxide with the atmosphere. A PFT includes three possible components:

1. **Spirometry (94010, 94060, 94070)**
2. **Lung Volume Determination (94250, 94726, 94727, and 94728)**
   Lung Volume tests cannot be measured directly using Spirometry because these volumes and capacities include air that cannot be expelled from the lungs. Lung Volume is generally determined in one of four ways:
   1. Closed circuit helium equilibration
   2. Open circuit nitrogen washout
   3. Whole body plethysmography
   4. Radiologic techniques
3. **Diffusion Capacity Tests (94729)**

The PFT will be considered medically necessary for the following conditions:

- Preoperative evaluation of the lungs and pulmonary reserve when:
  - thoracic surgery will result in loss of functional pulmonary tissue (i.e., lobectomy) or
  - patients are undergoing major thoracic and/or abdominal surgery and the physician has some reason to believe the patient may have a pre-existing pulmonary limitation (e.g., long history of smoking); or
  - the patient’s pulmonary function is already severely compromised by other diseases such as chronic obstructive pulmonary disease (COPD).
Pulmonary Diagnostic Services_ Part A/B

- Initial diagnostic workup for the purpose of differentiating between obstructive and restrictive forms of chronic pulmonary disease. Obstructive defects (e.g., emphysema, bronchitis, asthma) occur when ventilation is disturbed by an increase in airway resistance. Expiration is primarily affected. Restrictive defects (e.g., pulmonary fibrosis, tumors, chest wall trauma) occur when ventilation is disturbed by a limitation in chest expansion. Inspiration is primarily affected.
- To assess the indications for and effect of therapy in diseases such as sarcoidosis, diffuse lupus erythematosus, and diffuse interstitial fibrosis syndrome.
- Evaluate patient’s response to a newly established bronchodilator anti-inflammatory therapy.
- To monitor the course of asthma and the patient’s response to therapy (i.e., especially to confirm home peak expiratory flow measurements).
- Evaluate patients who continue to exhibit increasing shortness of breath (SOB) after initiation of bronchodilator anti-inflammatory therapy.
- Initial evaluation for a patient that presents with new onset (within 1 month) of one or more of the following symptoms: shortness of breath, cough, dyspnea, wheezing, orthopnea, or chest pain.
- Initial diagnostic workup for a patient whose physical exam revealed one of the following: overinflation, expiratory slowing, cyanosis, chest deformity, wheezing, or unexplained crackles.
- Initial diagnostic workup for a patient with chronic cough. It is not expected that a patient would have a repeat spirometry without new symptomatology.
- Re-evaluation of a patient with or without underlying lung disease who presents with increasing SOB (from previous evaluation) or worsening cough and related qualifying factors such as abnormal breath sounds or decreasing endurance to perform Activities of Daily Living (ADL’s).
- To establish baseline values for patients being treated with pulmonary toxic regimens (e.g., Amiodarone).
- To monitor patients being treated with pulmonary toxic regimens when any new respiratory symptoms (e.g., exertional dyspnea, non-productive cough, pleuritic chest pain) may suggest the possibility of pulmonary toxicity.
- To evaluate cystic fibrosis patients with pulmonary manifestations.

It is expected that procedure code 94070 will only be performed to make an initial diagnosis of asthma.

Also, it is expected that procedure code 94060 be utilized during the initial diagnostic evaluation of a patient. Once it has been determined that a patient is sensitive to bronchodilators, repeat bronchospasm evaluation is usually not medically necessary, unless one of the following circumstances exist:

1. a patient is exhibiting an acute exacerbation and a bronchospasm evaluation is being performed to determine if the patient will respond to bronchodilators;
2. the initial bronchospasm evaluation was negative for bronchodilator sensitivity and the patient presents with new symptoms which suggest the patient has a disease process which may respond to bronchodilators; or
3. the initial bronchospasm evaluation was not diagnostic due to lack of patient effort. Repeat spirometries performed to evaluate patients’ response to newly established treatments, monitor the course of asthma/COPD, or evaluate patients continuing with symptomatology after initiation of treatment should be utilized with procedure code 94010.

In addition, it is not expected that a pulse oximetry (procedure code 94760 or 94761) for oxygen saturation would routinely be performed with spirometry. Pulse oximetry is considered medically necessary when the patient has a condition resulting in hypoxemia and there is a need to assess the status of a chronic respiratory condition, supplemental oxygen and/or a therapeutic regimen (e.g., acute symptoms).

Usually during an initial evaluation, there is no reason to obtain a spirometry after the administration of bronchodilators in patients who have normal spirometry, normal flow volume loop and normal airway resistance unless there is reason to believe (e.g., symptoms, exam) that a patient has underlying lung disease.

The residual volume (RV) cannot be measured by spirometry because this includes air that cannot be expelled from the lungs, and, therefore, is determined by subtracting the expiratory reserve volume (ERV) from the functional residual capacity (FRC). The FRC cannot be measured by simple spirometry either; therefore, procedure code 94726 or 94727 will be performed when the RV and FRC need to be determined.

The Maximum Voluntary Ventilation (MVV; procedure code 94200) is a determination of the liters of air that a person can breathe per minute by a maximum voluntary effort. This test measures several physiologic phenomena occurring at the same time. The results
and success of this test are effort dependent, therefore, routine performance of this test is not recommended, except in cases such as: pre-operative evaluation, neuromuscular weakness, upper airway obstruction, or suspicion of Chest Bellows disease.

The Respiratory Flow Volume Loop (procedure code 94375) is used to evaluate the dynamics of both large and medium size airways. This test is more useful than the conventional spirogram. The procedure is the same for spirometry except for the addition of a maximal forced inspiration at the end of the force expiratory measures.

**Pulmonary Stress Testing (94620, 94621)**

The pulmonary stress testing procedures range from simple to complex. The simple procedure (Stage 1) consists of BP, ECG, and ventilation measurements at timed increments during exercise. The complex procedure includes Stage 2 and Stage 3. Stage 2 involves all of Stage 1 measurements in addition to the mixed venous CO₂ tension (production) by means of rebreathing technique and O₂ uptake. Stage 3 requires the following: (a) blood gas sampling and analysis, (b) an indwelling catheter is inserted into the brachial or radial artery, and (c) in addition to Stage 2 tests, measurements for cardiac output, alveolar ventilation, ratio of dead space to tidal volume, alveolar-arterial O₂ tension difference, venous admixture ratio and lactate levels are determined.

Exercise testing is done to evaluate functional capacity and to assess the severity and type of impairment of existing as well as undiagnosed conditions. The Pulmonary Stress Test will be considered medically necessary for the following conditions:

- To determine whether the patient’s exercise intolerance is related to pulmonary disease, cardiac disease, or due to lack of conditioning or poor effort.
- Initial diagnostic workup when symptoms (generally dyspnea) are out of proportion to findings on static function (spirometry, lung volume, diffusion capacity).
- Detection of interstitial lung disease (fibrosis) or exercise-induced broncho-spasm which are only manifested by exercise.
- Evaluate patient’s response to a newly established pulmonary treatment regimen.

The majority of clinical problems can be assessed during the simple procedures included in Stage 1, and should be completed before more complex tests are performed. Abnormal results indicate that more precise information is required through more complex Stage 2 protocols. If Stage 3 protocols are implemented, arterial blood analysis is necessary. In 75% of patients, Stage 1 is sufficient. Oxygen titration can be done during graded exercise to determine the oxygen needs for improving exercise tolerance and increased functional capacity.

Absolute contraindications to exercise testing include:

- Acute febrile illness
- Pulmonary edema
- Systolic BP > 250mm Hg
- Diastolic BP > 120mm Hg
- Acute asthma attack
- Unstable angina
- Acute Myocarditis

**Lung Compliance (94750)**

Lung compliance measures the elastic recoil or stiffness of the lungs. It is more invasive than other PFTs, because the patient is required to swallow an esophageal balloon.

Compliance studies are performed only when all other PFTs give equivocal results, or the results require confirmation by additional data.
Type of Bill Code

Hospital - 13x, 14x
Skilled Nursing Facility - 21x, 22x, 23x
Critical Access Hospital – 85x

Revenue Codes

460 Pulmonary Function, General Classification
469 Other Pulmonary Function

CPT/HCPCS Codes

Part A

94010 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
94060 Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration
94070 Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen(s), cold air, methacholine)
94150 Vital capacity, total (separate procedure)
94200 Maximum breathing capacity, maximal voluntary ventilation
94250 Expired gas collection, quantitative, single procedure (separate procedure)
94375 Respiratory flow volume loop
94620 Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)
94621 Pulmonary stress testing; complex (including measurements of CO₂ production, O₂ uptake, and electrocardiographic recordings)
94726 Plethysmography for determination of lung volumes and, when performed, airway resistance
94727 Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes
94728 Airway resistance by impulse oscillometry
94729 Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)
94750 Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)

Part B

94010 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
94060 Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration
94070 Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen(s), cold air, methacholine)
94200 Maximum breathing capacity, maximal voluntary ventilation
94250 Expired gas collection, quantitative, single procedure (separate procedure)
94375 Respiratory flow volume loop
94620 Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)
94621 Pulmonary stress testing; complex (including measurements of CO₂ production, O₂ uptake, and electrocardiographic recordings)
94726 Plethysmography for determination of lung volumes and, when performed, airway resistance
94727 Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes
94728 Airway resistance by impulse oscillometry
94729 Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)
94750 Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)
ICD-10 Codes that Support Medical Necessity

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B44.81</td>
<td>Allergic bronchopulmonary aspergillosis</td>
</tr>
<tr>
<td>C33-C34.92</td>
<td>Malignant neoplasms of respiratory and intrathoracic organs</td>
</tr>
<tr>
<td>C78.00-C78.02</td>
<td>Secondary malignant neoplasm of lung</td>
</tr>
<tr>
<td>C78.30-C78.39</td>
<td>Secondary malignant neoplasm of other and unspecified respiratory organs</td>
</tr>
<tr>
<td>D14.2</td>
<td>Benign neoplasm of trachea</td>
</tr>
<tr>
<td>D14.30-D14.32</td>
<td>Benign neoplasm of bronchus and lung</td>
</tr>
<tr>
<td>D57.01</td>
<td>Hb-SS disease with acute chest syndrome</td>
</tr>
<tr>
<td>D57.211</td>
<td>Sickle-cell/Hb-C disease with acute chest syndrome</td>
</tr>
<tr>
<td>D57.411</td>
<td>Sickle-cell thalassemia with acute chest syndrome</td>
</tr>
<tr>
<td>D57.811</td>
<td>Other sickle-cell disorders with acute chest syndrome</td>
</tr>
<tr>
<td>D86.0-D86.9</td>
<td>Sarcoidosis</td>
</tr>
<tr>
<td>E84.0</td>
<td>Cystic fibrosis with pulmonary manifestations</td>
</tr>
<tr>
<td>E84.19</td>
<td>Cystic fibrosis with other intestinal manifestations</td>
</tr>
<tr>
<td>G02</td>
<td>Meningitis in other infectious and parasitic diseases classified elsewhere</td>
</tr>
<tr>
<td>G47.30</td>
<td>Sleep apnea, unspecified</td>
</tr>
<tr>
<td>I26.01-I26.99</td>
<td>Pulmonary embolism</td>
</tr>
<tr>
<td>J17</td>
<td>Pneumonia in diseases classified elsewhere</td>
</tr>
<tr>
<td>J18.8-J18.9</td>
<td>Pneumonia, unspecified organism</td>
</tr>
<tr>
<td>J20.0-J21.9</td>
<td>Other acute lower respiratory infections</td>
</tr>
<tr>
<td>J22</td>
<td>Unspecified acute lower respiratory infection</td>
</tr>
<tr>
<td>J39.8</td>
<td>Other specified diseases of upper respiratory tract</td>
</tr>
<tr>
<td>J40</td>
<td>Bronchitis, not specified as acute or chronic</td>
</tr>
<tr>
<td>J41.0-J42</td>
<td>Chronic lower respiratory diseases</td>
</tr>
<tr>
<td>J43.0-J43.9</td>
<td>Emphysema</td>
</tr>
<tr>
<td>J44.0-J45.998</td>
<td>Chronic lower respiratory diseases</td>
</tr>
<tr>
<td>J47.0-J47.9</td>
<td>Bronchiectasis</td>
</tr>
<tr>
<td>J60</td>
<td>Coalworker's pneumoconiosis</td>
</tr>
<tr>
<td>J61</td>
<td>Pneumoconiosis due to asbestos and other mineral fibers</td>
</tr>
<tr>
<td>J62.0-J62.8</td>
<td>Pneumoconiosis due to dust containing silica</td>
</tr>
<tr>
<td>J63.0-J63.6</td>
<td>Pneumoconiosis due to other inorganic dusts</td>
</tr>
<tr>
<td>J64-J65</td>
<td>Lung diseases due to external agents</td>
</tr>
<tr>
<td>J66.0-J66.8</td>
<td>Airway disease due to specific organic dust</td>
</tr>
<tr>
<td>J67.0-J67.9</td>
<td>Hypersensitivity pneumonitis due to organic dust</td>
</tr>
<tr>
<td>J68.4</td>
<td>Chronic respiratory conditions due to chemicals, gases, fumes and vapors</td>
</tr>
<tr>
<td>J68.8-J68.9</td>
<td>Respiratory conditions due to inhalation of chemicals, gases, fumes and vapors</td>
</tr>
<tr>
<td>J70.0-J70.9</td>
<td>Respiratory conditions due to other external agents</td>
</tr>
<tr>
<td>J80-J81.0</td>
<td>Diseases of the respiratory system</td>
</tr>
<tr>
<td>J82</td>
<td>Pulmonary eosinophilia, not elsewhere classified</td>
</tr>
<tr>
<td>J84.01</td>
<td>Alveolar proteinosis</td>
</tr>
<tr>
<td>J84.02</td>
<td>Pulmonary alveolar microlithiasis</td>
</tr>
<tr>
<td>J84.09</td>
<td>Other alveolar and parieto-alveolar conditions</td>
</tr>
<tr>
<td>J84.10</td>
<td>Pulmonary fibrosis, unspecified</td>
</tr>
<tr>
<td>J84.17</td>
<td>Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere</td>
</tr>
<tr>
<td>J84.111-J84.117</td>
<td>Idiopathic interstitial pneumonia</td>
</tr>
<tr>
<td>J84.2</td>
<td>Lymphoid interstitial pneumonia</td>
</tr>
<tr>
<td>J84.81</td>
<td>Lymphangioleiomyomatosis</td>
</tr>
<tr>
<td>J84.82</td>
<td>Adult pulmonary Langerhans cell histiocytosis</td>
</tr>
<tr>
<td>J84.89</td>
<td>Other specified interstitial pulmonary diseases</td>
</tr>
<tr>
<td>J84.9</td>
<td>Interstitial pulmonary disease, unspecified</td>
</tr>
<tr>
<td>J95.1-J95.3</td>
<td>Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified</td>
</tr>
<tr>
<td>J95.821-J95.822</td>
<td>Postprocedural respiratory failure</td>
</tr>
<tr>
<td>J95.84</td>
<td>Transfusion-related acute lung injury (TRALI)</td>
</tr>
<tr>
<td>J96.00-J96.92</td>
<td>Respiratory failure, not elsewhere classified</td>
</tr>
<tr>
<td>J98.01-J98.09</td>
<td>Diseases of bronchus, not elsewhere classified</td>
</tr>
</tbody>
</table>
Pulmonary Diagnostic Services_ Part A/B

J98.6 Disorders of diaphragm
J98.8 Other specified respiratory disorders
J98.11-J98.4 Other respiratory disorders
J99 Respiratory disorders in diseases classified elsewhere
M31.0 Hypersensitivity angitis
M32.13 Lung involvement in systemic lupus erythematosus
M33.01 Juvenile dermatopolymyositis with respiratory involvement
M33.11 Other dermatopolymyositis with respiratory involvement
M33.21 Polymyositis with respiratory involvement
M33.91 Dermatopolymyositis, unspecified with respiratory involvement
M34.81 Systemic sclerosis with lung involvement
M35.02 Sicca syndrome with lung involvement
R04.2 Hemoptysis
R04.89 Hemorrhage from other sites in respiratory passages
R04.9 Hemorrhage from respiratory passages, unspecified
R05 Cough
R06.00 Dyspnea, unspecified
R06.01 Orthopnea
R06.02 Shortness of breath
R06.09 Other forms of dyspnea
R06.2 Wheezing
R06.3 Periodic breathing
R06.81 Apnea, not elsewhere classified
R06.82 Tachypnea, not elsewhere classified
R06.83-R06.89 Other abnormalities of breathing
R09.2 Respiratory arrest
R91.1-R91.8 Abnormal findings on diagnostic imaging of lung
Z01.811 Encounter for preprocedural respiratory examination
Z51.81 Encounter for therapeutic drug level monitoring

Diagnoses that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Diagnoses that DO NOT Support Medical Necessity

N/A

Associated Information

Documentation Requirements

Medical record documentation must indicate the medical necessity for performing the test. In addition, documentation that the service was performed, including the results of the pulmonary diagnostic tests, should be available. This information is normally found in the office notes, progress notes, history and physical, and/or hard copy of the test results.

If the provider of the service is other than the ordering/referring physician, the provider of the service must maintain hard copy documentation of test results and interpretation, along with copies of the ordering/referring physician’s order for the studies. The physician must state the clinical indication/medical necessity for the study in his order for the test.
Test results and interpretation must be correlated with the clinical presentation of the patient and documented in the medical records. The specific procedures performed must be used for decision making and not duplicative of information obtained. Therefore, documentation should support that the test results and interpretation were used for the treatment of a specific medical problem by the physician who ordered the services.

**Utilization Guidelines**

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

The frequency of testing (repeat testing) must be related to the patient’s clinical status and correlated to the severity of a specific diagnosis.

**Sources of Information and Basis for Decision**

FCSO reference LCD number(s) – L28976, L29265, L29382


Medicare Coverage Database


**Start Date of Comment Period**

N/A

**End Date of Comment Period**

N/A

**Start Date of Notice Period**

04/10/2014

**Revision Number**: Original

This LCD replaces all previous LCD versions (refer to “Sources of Information and Basis for Decision” section of the LCD) and publications on this subject to comply with ICD-10-CM based on Change Request 8112. The effective date of this LCD is based on date of service.

**Related Documents**

N/A

**LCD Attachments**

Code guide

Document formatted: 06/03/2013(DA/et)