

Avastin® (Bevacizumab)

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[↪ Terms and Conditions](#)

| Table of Contents | Page |
|--|------|
| Policy Summary | 1 |
| Applicable Codes | 3 |
| Definitions | 21 |
| References | 21 |
| Guideline History/Revision Information | 22 |
| Purpose | 23 |
| Terms and Conditions | 23 |

| Related Medicare Advantage Policy Guideline |
|--|
| <ul style="list-style-type: none"> Self-Administered Drug(s) (SAD) |
| Related Medicare Advantage Reimbursement Policies |
| <ul style="list-style-type: none"> Discarded Drugs and Biologicals Policy, Professional National Drug Code (NDC) Requirement Policy, Professional and Facility |

Policy Summary

[↪ See Purpose](#)

Overview

Bevacizumab is a monoclonal antibody produced by recombinant DNA technology in Chinese hamster ovaries. This monoclonal antibody binds to and inhibits the biologic activity of human vascular endothelial growth factor preventing the formation of new blood vessels.

Guidelines

As published in [CMS Program Integrity Manual, Section 13.5.4](#), in order to be covered under Medicare, a service shall be reasonable and necessary.

Drugs and biologicals must be determined to meet the statutory definition under the statute [§1861\(t\) \(1\) Drugs and Biologicals](#).

[Medicare Benefit Policy Manual – Pub. 100-02, Chapter 15, Section 50](#), describes national policy regarding Medicare guidelines for coverage of drugs and biologicals.

It is not appropriate to bill for services that are not covered (as described by this entire policy guideline) as if they are covered. When billing for non-covered services, use the appropriate modifier.

If a medication is determined not to be reasonable and necessary for diagnosis or treatment of an illness or injury according to these guidelines, the entire charge will be excluded (i.e., for both the drug and its administration). Also excluded from payment is any charge for other services (such as office visits) which are primarily for the purpose of administering a non-covered injection (i.e., an injection that is not reasonable and necessary for the diagnosis or treatment of an illness or injury).

Cancer

Drugs or biologicals approved for marketing by the Food and Drug Administration (FDA) are considered safe and effective when used for indications specified on the labeling. Please refer to the [Medicare Benefit Policy Manual – Pub. 100-02, Chapter 15, Section 50.4.1](#) for the approved use of an FDA approved drug or biological.

In the case of drugs used in an anti-cancer chemotherapeutic regimen, off-label uses are covered for a medically accepted indication as defined in the [Medicare Benefit Policy Manual – Pub. 100-02, Chapter 15, Section 50.4.5](#).

Coverage

Bevacizumab (Avastin®) is a vascular endothelial growth factor inhibitor indicated for the treatment of:
(Refer also to the NCCN Compendium® for additional off-label indications)

- Metastatic colorectal cancer
 - In combination with intravenous fluorouracil-based chemotherapy for first or second-line treatment
 - In combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line bevacizumab product-containing regime
- Non-small cell lung cancer
 - First-line treatment in combination with paclitaxel and carboplatin for unresectable, locally advanced, recurrent or metastatic non-squamous cell disease
- Recurrent glioblastoma in adults
- Metastatic renal cell carcinoma in combination with interferon alfa
- Cervical cancer
 - In combination with either a) paclitaxel and cisplatin or b) paclitaxel and topotecan in persistent, recurrent, or metastatic disease
- Epithelial ovarian, fallopian tube, or primary peritoneal cancer
 - In combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for platinum-resistant recurrent disease who received no more than 2 prior chemotherapy regimens
 - In combination with carboplatin and paclitaxel, followed by Avastin® as a single agent, for stage III or IV disease following initial surgical resection
 - In combination with carboplatin and paclitaxel or carboplatin and gemcitabine, followed by Avastin® as a single agent, for platinum-sensitive recurrent disease
- Hepatocellular Carcinoma (HCC)
 - In combination with atezolizumab for the treatment of patients with unresectable or metastatic HCC who have not received prior systemic therapy

Limitations

Avastin is not indicated for adjuvant treatment of colon cancer.

Ophthalmology

Vascular endothelial growth factor (VEGF) is a protein that stimulates the growth, proliferation, and survival of vascular endothelial cells. VEGF plays a critical role in the development of new blood vessels (angiogenesis), increases vascular permeability in small blood vessels and prevents apoptosis of vascular endothelial cells in immature blood vessels. VEGF has been implicated in blood-retinal barrier breakdown and pathological ocular neovascularization.

Coverage

Current scientific literature published in the peer-reviewed core medical journals supports these uses of this drug:

- Neovascular age-related macular degeneration (AMD)
- Proliferative diabetic retinopathy
- Neovascular glaucoma
- Diabetic macular edema (DME)
- Retinal and iris neovascularizations
- Macular edema secondary to branch retinal vein occlusion (BRVO) or central retinal vein occlusions (CRVO)

Consistent with the statement by the American Academy of Ophthalmology (AAO) in support of intravitreal use of bevacizumab, physicians should provide appropriate informed consent with respect to the off-label use of this drug and maintain it in the patient chart.

Dose and frequency should be in accordance with recognized compendia (for off-label uses). When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Limitations

Bevacizumab is not currently packaged and prepared by the manufacturer in doses appropriate for intravitreal injection. Physicians routinely obtain single doses prepared by qualified compounding pharmacies to minimize risk of contamination of the injected drug.

Coding Guidelines

- Use the appropriate HCPCS code to report the drug being used:
 - Facility Claims will report C9257.
 - For ophthalmologic Bevacizumab (Avastin®) coding guidance when administered in the office setting, refer to the Local Coverage Determination for the jurisdiction in which the procedure is performed.

Documentation Requirements

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this policy guideline. All documentation must be maintained in the patient's medical record and made available to the contractor upon request. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted HCPCS code must describe the service performed.

Applicable Codes

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

| HCPCS Code | Description |
|------------|--|
| C9142 | Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg (Effective 10/01/2022 - 12/31/2022) |
| C9257 | Injection, bevacizumab, 0.25 mg (Outpatient Facility claims only) |
| J3590 | Unclassified biologics (For dates of service on or after 09/27/2022; Effective 04/01/2023 see Q5129) |
| J7999 | Compounded drug, not otherwise classified |
| J9035 | Injection, bevacizumab, 10 mg |
| Q5107 | Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg |
| Q5118 | Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg |
| Q5126 | Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg (Effective 01/01/2023) |
| Q5129 | Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg (Effective 04/01/2023) |

| Diagnosis Code | Description |
|-------------------|--|
| For Cancer | |
| C17.0 | Malignant neoplasm of duodenum |
| C17.1 | Malignant neoplasm of jejunum |
| C17.2 | Malignant neoplasm of ileum |
| C17.3 | Meckel's diverticulum, malignant |
| C17.8 | Malignant neoplasm of overlapping sites of small intestine |
| C17.9 | Malignant neoplasm of small intestine, unspecified |
| C18.0 | Malignant neoplasm of colon; cecum |
| C18.1 | Malignant neoplasm of colon; appendix |

| Diagnosis Code | Description |
|-------------------|--|
| For Cancer | |
| C18.2 | Malignant neoplasm of colon; ascending colon |
| C18.3 | Malignant neoplasm of colon; hepatic flexure |
| C18.4 | Malignant neoplasm of colon; transverse colon |
| C18.5 | Malignant neoplasm of colon; splenic flexure |
| C18.6 | Malignant neoplasm of colon; descending colon |
| C18.7 | Malignant neoplasm of colon; sigmoid colon |
| C18.8 | Malignant neoplasm of overlapping sites of colon |
| C18.9 | Malignant neoplasm of colon; colon, unspecified |
| C19 | Malignant neoplasm of rectosigmoid junction |
| C20 | Malignant neoplasm of rectum |
| C21.2 | Malignant neoplasm of cloacogenic zone |
| C21.8 | Malignant neoplasm of overlapping sites of rectum, anus and anal canal |
| C22.0 | Liver cell carcinoma |
| C22.3 | Angiosarcoma of liver |
| C22.8 | Malignant neoplasm of liver, primary, unspecified as to type |
| C22.9 | Malignant neoplasm of liver, not specified as primary or secondary |
| C24.1 | Malignant neoplasm of ampulla of Vater |
| C33 | Malignant neoplasm of trachea |
| C34.00 | Malignant neoplasm of unspecified main bronchus |
| C34.01 | Malignant neoplasm of right main bronchus |
| C34.02 | Malignant neoplasm of left main bronchus |
| C34.10 | Malignant neoplasm of upper lobe, unspecified bronchus or lung |
| C34.11 | Malignant neoplasm of upper lobe, right bronchus or lung |
| C34.12 | Malignant neoplasm of upper lobe, left bronchus or lung |
| C34.2 | Malignant neoplasm of middle lobe, bronchus or lung |
| C34.30 | Malignant neoplasm of lower lobe, unspecified bronchus or lung |
| C34.31 | Malignant neoplasm of lower lobe, right bronchus or lung |
| C34.32 | Malignant neoplasm of lower lobe, left bronchus or lung |
| C34.80 | Malignant neoplasm of overlapping sites of unspecified bronchus and lung |
| C34.81 | Malignant neoplasm of overlapping sites of right bronchus and lung |
| C34.82 | Malignant neoplasm of overlapping sites of left bronchus and lung |
| C34.90 | Malignant neoplasm of unspecified part of unspecified bronchus or lung |
| C34.91 | Malignant neoplasm of unspecified part of right bronchus or lung |
| C34.92 | Malignant neoplasm of unspecified part of left bronchus or lung |
| C38.4 | Malignant neoplasm of pleura |
| C45.0 | Mesothelioma of pleura |
| C45.1 | Mesothelioma of peritoneum |
| C45.2 | Mesothelioma of pericardium (Effective 06/08/2022) |
| C45.7 | Mesothelioma of other sites (Effective 04/01/2022) |
| C45.9 | Mesothelioma, unspecified (Effective 06/08/2022) |
| C46.0 | Kaposi's sarcoma of skin |

| Diagnosis Code | Description |
|-------------------|--|
| For Cancer | |
| 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 |
| C46.51 | Kaposi's sarcoma of right lung |
| C46.52 | Kaposi's sarcoma of left lung |
| C46.7 | Kaposi's sarcoma of other sites |
| C48.0 | Malignant neoplasm of retroperitoneum and peritoneum; retroperitoneum |
| C48.1 | Malignant neoplasm of retroperitoneum and peritoneum; specified parts of peritoneum |
| C48.2 | Malignant neoplasm of retroperitoneum and peritoneum; peritoneum, unspecified |
| C48.8 | Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum |
| C49.0 | Malignant neoplasm of connective and soft tissue of head, face and neck |
| C49.10 | Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder |
| C49.11 | Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder |
| C49.12 | Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder |
| C49.20 | Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip |
| C49.21 | Malignant neoplasm of connective and soft tissue of right lower limb, including hip |
| C49.22 | Malignant neoplasm of connective and soft tissue of left lower limb, including hip |
| C49.3 | Malignant neoplasm of connective and soft tissue of thorax |
| C49.4 | Malignant neoplasm of connective and soft tissue of abdomen |
| C49.5 | Malignant neoplasm of connective and soft tissue of pelvis |
| C49.6 | Malignant neoplasm of connective and soft tissue of trunk, unspecified |
| C49.8 | Malignant neoplasm of overlapping sites of connective and soft tissue |
| C49.9 | Malignant neoplasm of connective and soft tissue, unspecified |
| C50.011 | Malignant neoplasm of nipple and areola, right female breast |
| C50.012 | Malignant neoplasm of nipple and areola, left female breast |
| C50.019 | Malignant neoplasm of nipple and areola, unspecified female breast |
| C50.021 | Malignant neoplasm of nipple and areola, right male breast |
| C50.022 | Malignant neoplasm of nipple and areola, left male breast |
| C50.029 | Malignant neoplasm of nipple and areola, unspecified male breast |
| C50.111 | Malignant neoplasm of central portion of right female breast |
| C50.112 | Malignant neoplasm of central portion of left female breast |
| C50.119 | Malignant neoplasm of central portion of unspecified female breast |
| C50.121 | Malignant neoplasm of central portion of right male breast |
| C50.122 | Malignant neoplasm of central portion of left male breast |
| C50.129 | Malignant neoplasm of central portion of unspecified male breast |
| C50.211 | Malignant neoplasm of upper-inner quadrant of right female breast |
| C50.212 | Malignant neoplasm of upper-inner quadrant of left female breast |
| C50.219 | Malignant neoplasm of upper-inner quadrant of unspecified female breast |
| C50.221 | Malignant neoplasm of upper-inner quadrant of right male breast |
| C50.222 | Malignant neoplasm of upper-inner quadrant of left male breast |

| Diagnosis Code | Description |
|-------------------|---|
| For Cancer | |
| C50.229 | Malignant neoplasm of upper-inner quadrant of unspecified male breast |
| C50.311 | Malignant neoplasm of lower-inner quadrant of right female breast |
| C50.312 | Malignant neoplasm of lower-inner quadrant of left female breast |
| C50.319 | Malignant neoplasm of lower-inner quadrant of unspecified female breast |
| C50.321 | Malignant neoplasm of lower-inner quadrant of right male breast |
| C50.322 | Malignant neoplasm of lower-inner quadrant of left male breast |
| C50.329 | Malignant neoplasm of lower-inner quadrant of unspecified male breast |
| C50.411 | Malignant neoplasm of upper-outer quadrant of right female breast |
| C50.412 | Malignant neoplasm of upper-outer quadrant of left female breast |
| C50.419 | Malignant neoplasm of upper-outer quadrant of unspecified female breast |
| C50.421 | Malignant neoplasm of upper-outer quadrant of right male breast |
| C50.422 | Malignant neoplasm of upper-outer quadrant of left male breast |
| C50.429 | Malignant neoplasm of upper-outer quadrant of unspecified male breast |
| C50.511 | Malignant neoplasm of lower-outer quadrant of right female breast |
| C50.512 | Malignant neoplasm of lower-outer quadrant of left female breast |
| C50.519 | Malignant neoplasm of lower-outer quadrant of unspecified female breast |
| C50.521 | Malignant neoplasm of lower-outer quadrant of right male breast |
| C50.522 | Malignant neoplasm of lower-outer quadrant of left male breast |
| C50.529 | Malignant neoplasm of lower-outer quadrant of unspecified male breast |
| C50.611 | Malignant neoplasm of axillary tail of right female breast |
| C50.612 | Malignant neoplasm of axillary tail of left female breast |
| C50.619 | Malignant neoplasm of axillary tail of unspecified female breast |
| C50.621 | Malignant neoplasm of axillary tail of right male breast |
| C50.622 | Malignant neoplasm of axillary tail of left male breast |
| C50.629 | Malignant neoplasm of axillary tail of unspecified male breast |
| C50.811 | Malignant neoplasm of overlapping sites of right female breast |
| C50.812 | Malignant neoplasm of overlapping sites of left female breast |
| C50.819 | Malignant neoplasm of overlapping sites of unspecified female breast |
| C50.821 | Malignant neoplasm of overlapping sites of right male breast |
| C50.822 | Malignant neoplasm of overlapping sites of left male breast |
| C50.829 | Malignant neoplasm of overlapping sites of unspecified male breast |
| C50.911 | Malignant neoplasm of unspecified site of right female breast |
| C50.912 | Malignant neoplasm of unspecified site of left female breast |
| C50.919 | Malignant neoplasm of unspecified site of unspecified female breast |
| C50.921 | Malignant neoplasm of unspecified site of right male breast |
| C50.922 | Malignant neoplasm of unspecified site of left male breast |
| C50.929 | Malignant neoplasm of unspecified site of unspecified male breast |
| C51.0 | Malignant neoplasm of labium majus |
| C51.1 | Malignant neoplasm of labium minus |
| C51.2 | Malignant neoplasm of clitoris |
| C51.8 | Malignant neoplasm of overlapping sites of vulva |

| Diagnosis Code | Description |
|-------------------|--|
| For Cancer | |
| C51.9 | Malignant neoplasm of vulva, 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 |
| C54.0 | Malignant neoplasm of isthmus uteri |
| C54.1 | Malignant neoplasm of endometrium |
| C54.2 | Malignant neoplasm of myometrium |
| C54.3 | Malignant neoplasm of fundus uteri |
| C54.8 | Malignant neoplasm of overlapping sites of corpus uteri |
| C54.9 | Malignant neoplasm of corpus uteri, unspecified |
| C55 | Malignant neoplasm of uterus, part unspecified |
| C56.1 | Malignant neoplasm of right ovary |
| C56.2 | Malignant neoplasm of left ovary |
| C56.3 | Malignant neoplasm of bilateral ovaries |
| C56.9 | Malignant neoplasm of unspecified ovary |
| C57.00 | Malignant neoplasm of unspecified fallopian tube |
| C57.01 | Malignant neoplasm of right fallopian tube |
| C57.02 | Malignant neoplasm of left fallopian tube |
| C57.10 | Malignant neoplasm of unspecified broad ligament |
| C57.11 | Malignant neoplasm of right broad ligament |
| C57.12 | Malignant neoplasm of left broad ligament |
| C57.20 | Malignant neoplasm of unspecified round ligament |
| C57.21 | Malignant neoplasm of right round ligament |
| C57.22 | Malignant neoplasm of left round ligament |
| C57.3 | Malignant neoplasm of parametrium |
| C57.4 | Malignant neoplasm of uterine adnexa, unspecified |
| C57.7 | Malignant neoplasm of other specified female genital organs |
| C57.8 | Malignant neoplasm of overlapping sites of female genital organs |
| C57.9 | Malignant neoplasm of female genital organ, unspecified |
| C64.1 | Malignant neoplasm of right kidney, except renal pelvis |
| C64.2 | Malignant neoplasm of left kidney, except renal pelvis |
| C64.9 | Malignant neoplasm of unspecified kidney, except renal pelvis |
| C65.1 | Malignant neoplasm of right renal pelvis |
| C65.2 | Malignant neoplasm of left renal pelvis |
| C65.9 | Malignant neoplasm of unspecified renal pelvis |
| C70.0 | Malignant neoplasm of cerebral meninges |
| C70.1 | Malignant neoplasm of spinal meninges |
| C70.9 | Malignant neoplasm of meninges, unspecified |
| C71.0 | Malignant neoplasm of brain; cerebrum, except lobes and ventricles |
| C71.1 | Malignant neoplasm of brain; frontal lobe |

| Diagnosis Code | Description |
|-------------------|---|
| For Cancer | |
| C71.2 | Malignant neoplasm of brain; temporal lobe |
| C71.3 | Malignant neoplasm of brain; parietal lobe |
| C71.4 | Malignant neoplasm of brain; occipital |
| C71.5 | Malignant neoplasm of brain; ventricles |
| C71.6 | Malignant neoplasm of brain; cerebellum NOS |
| C71.7 | Malignant neoplasm of brain; brain stem |
| C71.8 | Malignant neoplasm of overlapping sites of brain |
| C71.9 | Malignant neoplasm of brain; brain, unspecified |
| C72.0 | Malignant neoplasm of spinal cord, cranial nerves and other parts of central nervous system |
| C72.1 | Malignant neoplasm of cauda equina (Effective 06/14/2023) |
| C72.9 | Malignant neoplasm of central nervous system, unspecified |
| C78.00 | Secondary malignant neoplasm of unspecified lung |
| C78.01 | Secondary malignant neoplasm of right lung |
| C78.02 | Secondary malignant neoplasm of left lung |
| C78.6 | Secondary malignant neoplasm of retroperitoneum and peritoneum |
| C78.7 | Secondary malignant neoplasm of liver and intrahepatic bile duct |
| C79.31 | Secondary malignant neoplasm of brain |
| C83.30 | Diffuse large B-cell lymphoma, unspecified site |
| C83.31 | Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck |
| C83.39 | Diffuse large B-cell 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 |
| C83.89 | Other non-follicular lymphoma, extranodal and solid organ sites |
| C85.89 | Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites |
| C85.99 | Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites |
| D19.1 | Benign neoplasm of mesothelial tissue of peritoneum (Effective 04/01/2023) |
| D32.0 | Benign neoplasm of cerebral meninges |
| D32.1 | Benign neoplasm of spinal meninges |
| D32.9 | Benign neoplasm of meninges, unspecified |
| D42.0 | Neoplasm of uncertain behavior of cerebral meninges |
| D42.1 | Neoplasm of uncertain behavior of spinal meninges |
| D42.9 | Neoplasm of uncertain behavior of meninges, unspecified |
| D43.0 | Neoplasm of uncertain behavior of brain, supratentorial |
| D43.1 | Neoplasm of uncertain behavior of brain, infratentorial |
| D43.2 | Neoplasm of uncertain behavior of brain, unspecified |
| D43.4 | Neoplasm of uncertain behavior of spinal cord |
| D43.9 | Neoplasm of uncertain behavior of central nervous system, unspecified |
| D48.1 | Neoplasm of uncertain behavior of connective and other soft tissue (Effective 06/14/2023) |
| D49.2 | Neoplasm of unspecified behavior of bone, soft tissue, and skin |
| G93.6 | Cerebral edema |
| I67.89 | Other cerebrovascular disease |

| Diagnosis Code | Description |
|-----------------------|--|
| For Cancer | |
| I67.9 | Cerebrovascular disease, unspecified |
| I78.0 | Hereditary hemorrhagic telangiectasia |
| T66.XXXA | Radiation sickness, unspecified, initial encounter |
| T66.XXXD | Radiation sickness, unspecified, subsequent encounter |
| T66.XXXS | Radiation sickness, unspecified, sequela |
| Y84.2 | Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure |
| Z85.038 | Personal history of other malignant neoplasm of large intestine |
| Z85.048 | Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus |
| Z85.068 | Personal history of other malignant neoplasm of small intestine |
| Z85.09 | Personal history of malignant neoplasm of other digestive organs (Effective 06/14/2023) |
| Z85.118 | Personal history of other malignant neoplasm of bronchus and lung |
| Z85.3 | Personal history of malignant neoplasm of breast |
| Z85.41 | Personal history of malignant neoplasm of cervix uteri (Effective 04/01/2023) |
| Z85.42 | Personal history of malignant neoplasm of other parts of uterus (Effective 06/14/2023) |
| Z85.43 | Personal history of malignant neoplasm of ovary |
| Z85.44 | Personal history of malignant neoplasm of other female genital organs |
| Z85.528 | Personal history of other malignant neoplasm of kidney |
| Z85.53 | Personal history of malignant neoplasm of renal pelvis |
| Z85.831 | Personal history of malignant neoplasm of soft tissue |
| Z85.841 | Personal history of malignant neoplasm of brain |
| Z85.848 | Personal history of malignant neoplasm of other parts of nervous tissue |
| For Ophthalmic | |
| B39.4 | Histoplasmosis capsulati, unspecified |
| B39.5 | Histoplasmosis duboisii |
| B39.9 | Histoplasmosis, unspecified |
| E08.311 | Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema |
| E08.319 | Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema |
| E08.3211 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye |
| E08.3212 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye |
| E08.3213 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral |
| E08.3291 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye |
| E08.3292 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye |
| E08.3293 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral |
| E08.3311 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye |

| Diagnosis Code | Description |
|-----------------------|--|
| For Ophthalmic | |
| E08.3312 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye |
| E08.3313 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral |
| E08.3391 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye |
| E08.3392 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye |
| E08.3393 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral |
| E08.3411 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye |
| E08.3412 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye |
| E08.3413 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral |
| E08.3491 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye |
| E08.3492 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye |
| E08.3493 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral |
| E08.3511 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye |
| E08.3512 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye |
| E08.3513 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral |
| E08.3521 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye |
| E08.3522 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye |
| E08.3523 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral |
| E08.3531 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye |
| E08.3532 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye |
| E08.3533 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral |
| E08.3541 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye |
| E08.3542 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye |
| E08.3543 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral |

| Diagnosis Code | Description |
|-----------------------|---|
| For Ophthalmic | |
| E08.3551 | Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye |
| E08.3552 | Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye |
| E08.3553 | Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral |
| E08.3591 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye |
| E08.3592 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye |
| E08.3593 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral |
| E08.37X1 | Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye |
| E08.37X2 | Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye |
| E08.37X3 | Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral |
| E09.311 | Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema |
| E09.319 | Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema |
| E09.3211 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye |
| E09.3212 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye |
| E09.3213 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral |
| E09.3291 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye |
| E09.3292 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye |
| E09.3293 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral |
| E09.3311 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye |
| E09.3312 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye |
| E09.3313 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral |
| E09.3391 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye |
| E09.3392 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye |
| E09.3393 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral |
| E09.3411 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye |
| E09.3412 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye |

| Diagnosis Code | Description |
|-----------------------|---|
| For Ophthalmic | |
| E09.3413 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral |
| E09.3491 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye |
| E09.3492 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye |
| E09.3493 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral |
| E09.3511 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye |
| E09.3512 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye |
| E09.3513 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral |
| E09.3521 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye |
| E09.3522 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye |
| E09.3523 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral |
| E09.3531 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye |
| E09.3532 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye |
| E09.3533 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral |
| E09.3541 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye |
| E09.3542 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye |
| E09.3543 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral |
| E09.3551 | Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye |
| E09.3552 | Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye |
| E09.3553 | Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral |
| E09.3591 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye |
| E09.3592 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye |
| E09.3593 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral |
| E09.37X1 | Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye |
| E09.37X2 | Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye |

| Diagnosis Code | Description |
|-----------------------|---|
| For Ophthalmic | |
| E09.37X3 | Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral |
| E10.311 | Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema |
| E10.319 | Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema |
| E10.3211 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye |
| E10.3212 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye |
| E10.3213 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral |
| E10.3291 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye |
| E10.3292 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye |
| E10.3293 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral |
| E10.3311 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye |
| E10.3312 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye |
| E10.3313 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral |
| E10.3391 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye |
| E10.3392 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye |
| E10.3393 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral |
| E10.3411 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye |
| E10.3412 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye |
| E10.3413 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral |
| E10.3491 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye |
| E10.3492 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye |
| E10.3493 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral |
| E10.3511 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye |
| E10.3512 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye |
| E10.3513 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral |
| E10.3521 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye |
| E10.3522 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye |
| E10.3523 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral |
| E10.3531 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye |
| E10.3532 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye |

| Diagnosis Code | Description |
|-----------------------|---|
| For Ophthalmic | |
| E10.3533 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral |
| E10.3541 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye |
| E10.3542 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye |
| E10.3543 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral |
| E10.3551 | Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye |
| E10.3552 | Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye |
| E10.3553 | Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral |
| E10.3591 | Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye |
| E10.3592 | Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye |
| E10.3593 | Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral |
| E10.37X1 | Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye |
| E10.37X2 | Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye |
| E10.37X3 | Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral |
| E11.311 | Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema |
| E11.319 | Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema |
| E11.3211 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye |
| E11.3212 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye |
| E11.3213 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral |
| E11.3291 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye |
| E11.3292 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye |
| E11.3293 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral |
| E11.3311 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye |
| E11.3312 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye |
| E11.3313 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral |
| E11.3391 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye |
| E11.3392 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye |
| E11.3393 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral |
| E11.3411 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye |
| E11.3412 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye |
| E11.3413 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral |
| E11.3491 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye |
| E11.3492 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye |

| Diagnosis Code | Description |
|-----------------------|---|
| For Ophthalmic | |
| E11.3493 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral |
| E11.3511 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye |
| E11.3512 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye |
| E11.3513 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral |
| E11.3521 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye |
| E11.3522 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye |
| E11.3523 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral |
| E11.3531 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye |
| E11.3532 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye |
| E11.3533 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral |
| E11.3541 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye |
| E11.3542 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye |
| E11.3543 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral |
| E11.3551 | Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye |
| E11.3552 | Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye |
| E11.3553 | Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral |
| E11.3591 | Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye |
| E11.3592 | Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye |
| E11.3593 | Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral |
| E11.37X1 | Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye |
| E11.37X2 | Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye |
| E11.37X3 | Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral |
| E13.311 | Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema |
| E13.319 | Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema |
| E13.3211 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye |
| E13.3212 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye |
| E13.3213 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral |
| E13.3291 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye |
| E13.3292 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye |

| Diagnosis Code | Description |
|-----------------------|--|
| For Ophthalmic | |
| E13.3293 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral |
| E13.3311 | Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye |
| E13.3312 | Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye |
| E13.3313 | Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral |
| E13.3391 | Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye |
| E13.3392 | Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye |
| E13.3393 | Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral |
| E13.3411 | Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye |
| E13.3412 | Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye |
| E13.3413 | Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral |
| E13.3491 | Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye |
| E13.3492 | Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye |
| E13.3493 | Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral |
| E13.3511 | Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye |
| E13.3512 | Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye |
| E13.3513 | Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral |
| E13.3521 | Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye |
| E13.3522 | Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye |
| E13.3523 | Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral |
| E13.3531 | Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye |
| E13.3532 | Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye |
| E13.3533 | Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral |
| E13.3541 | Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye |
| E13.3542 | Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye |

| Diagnosis Code | Description |
|-----------------------|--|
| For Ophthalmic | |
| E13.3543 | Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral |
| E13.3551 | Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye |
| E13.3552 | Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye |
| E13.3553 | Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral |
| E13.3591 | Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye |
| E13.3592 | Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye |
| E13.3593 | Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral |
| E13.37X1 | Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye |
| E13.37X2 | Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye |
| E13.37X3 | Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral |
| H21.1x1 | Other vascular disorders of iris and ciliary body, right eye |
| H21.1x2 | Other vascular disorders of iris and ciliary body, left eye |
| H21.1x3 | Other vascular disorders of iris and ciliary body, bilateral |
| H21.1x9 | Other vascular disorders of iris and ciliary body, unspecified eye |
| H32 | Chorioretinal disorders in diseases classified elsewhere |
| H33.001 | Unspecified retinal detachment with retinal break, right eye |
| H33.002 | Unspecified retinal detachment with retinal break, left eye |
| H33.003 | Unspecified retinal detachment with retinal break, bilateral |
| H33.011 | Retinal detachment with single break, right eye |
| H33.012 | Retinal detachment with single break, left eye |
| H33.013 | Retinal detachment with single break, bilateral |
| H33.021 | Retinal detachment with multiple breaks, right eye |
| H33.022 | Retinal detachment with multiple breaks, left eye |
| H33.023 | Retinal detachment with multiple breaks, bilateral |
| H33.031 | Retinal detachment with giant retinal tear, right eye |
| H33.032 | Retinal detachment with giant retinal tear, left eye |
| H33.033 | Retinal detachment with giant retinal tear, bilateral |
| H33.041 | Retinal detachment with retinal dialysis, right eye |
| H33.042 | Retinal detachment with retinal dialysis, left eye |
| H33.043 | Retinal detachment with retinal dialysis, bilateral |
| H33.051 | Total retinal detachment, right eye |
| H33.052 | Total retinal detachment, left eye |
| H33.053 | Total retinal detachment, bilateral |
| H33.101 | Unspecified retinoschisis, right eye |
| H33.102 | Unspecified retinoschisis, left eye |
| H33.103 | Unspecified retinoschisis, bilateral |
| H33.111 | Cyst of ora serrata, right eye |
| H33.112 | Cyst of ora serrata, left eye |
| H33.113 | Cyst of ora serrata, bilateral |
| H33.121 | Parasitic cyst of retina, right eye |

| Diagnosis Code | Description |
|-----------------------|---|
| For Ophthalmic | |
| H33.122 | Parasitic cyst of retina, left eye |
| H33.123 | Parasitic cyst of retina, bilateral |
| H33.191 | Other retinoschisis and retinal cysts, right eye |
| H33.192 | Other retinoschisis and retinal cysts, left eye |
| H33.193 | Other retinoschisis and retinal cysts, bilateral |
| H33.21 | Serous retinal detachment, right eye |
| H33.22 | Serous retinal detachment, left eye |
| H33.23 | Serous retinal detachment, bilateral |
| H33.301 | Unspecified retinal break, right eye |
| H33.302 | Unspecified retinal break, left eye |
| H33.303 | Unspecified retinal break, bilateral |
| H33.311 | Horseshoe tear of retina without detachment, right eye |
| H33.312 | Horseshoe tear of retina without detachment, left eye |
| H33.313 | Horseshoe tear of retina without detachment, bilateral |
| H33.321 | Round hole, right eye |
| H33.322 | Round hole, left eye |
| H33.323 | Round hole, bilateral |
| H33.331 | Multiple defects of retina without detachment, right eye |
| H33.332 | Multiple defects of retina without detachment, left eye |
| H33.333 | Multiple defects of retina without detachment, bilateral |
| H33.41 | Traction detachment of retina, right eye |
| H33.42 | Traction detachment of retina, left eye |
| H33.43 | Traction detachment of retina, bilateral |
| H33.8 | Other retinal detachments |
| H34.8110 | Central retinal vein occlusion, right eye, with macular edema |
| H34.8111 | Central retinal vein occlusion, right eye, with retinal neovascularization |
| H34.8112 | Central retinal vein occlusion, right eye, stable |
| H34.8120 | Central retinal vein occlusion, left eye, with macular edema |
| H34.8121 | Central retinal vein occlusion, left eye, with retinal neovascularization |
| H34.8122 | Central retinal vein occlusion, left eye, stable |
| H34.8130 | Central retinal vein occlusion, bilateral, with macular edema |
| H34.8131 | Central retinal vein occlusion, bilateral, with retinal neovascularization |
| H34.8132 | Central retinal vein occlusion, bilateral, stable |
| H34.8310 | Tributary (branch) retinal vein occlusion, right eye, with macular edema |
| H34.8311 | Tributary (branch) retinal vein occlusion, right eye, with retinal neovascularization |
| H34.8312 | Tributary (branch) retinal vein occlusion, right eye, stable |
| H34.8320 | Tributary (branch) retinal vein occlusion, left eye, with macular edema |
| H34.8321 | Tributary (branch) retinal vein occlusion, left eye, with retinal neovascularization |
| H34.8322 | Tributary (branch) retinal vein occlusion, left eye, stable |
| H34.8330 | Tributary (branch) retinal vein occlusion, bilateral, with macular edema |
| H34.8331 | Tributary (branch) retinal vein occlusion, bilateral, with retinal neovascularization |

| Diagnosis Code | Description |
|-----------------------|---|
| For Ophthalmic | |
| H34.8332 | Tributary (branch) retinal vein occlusion, bilateral, stable |
| H34.9 | Unspecified retinal vascular occlusion |
| H35.051 | Retinal neovascularization, unspecified, right eye |
| H35.052 | Retinal neovascularization, unspecified, left eye |
| H35.053 | Retinal neovascularization, unspecified, bilateral |
| H35.059 | Retinal neovascularization, unspecified, unspecified eye |
| H35.071 | Retinal telangiectasis, right eye |
| H35.072 | Retinal telangiectasis, left eye |
| H35.073 | Retinal telangiectasis, bilateral |
| H35.141 | Retinopathy of prematurity, stage 3, right eye (Deleted 02/22/2023) |
| H35.142 | Retinopathy of prematurity, stage 3, left eye (Deleted 02/22/2023) |
| H35.143 | Retinopathy of prematurity, stage 3, bilateral (Deleted 02/22/2023) |
| H35.151 | Retinopathy of prematurity, stage 4, right eye (Deleted 02/22/2023) |
| H35.152 | Retinopathy of prematurity, stage 4, left eye (Deleted 02/22/2023) |
| H35.153 | Retinopathy of prematurity, stage 4, bilateral (Deleted 02/22/2023) |
| H35.161 | Retinopathy of prematurity, stage 5, right eye (Deleted 02/22/2023) |
| H35.162 | Retinopathy of prematurity, stage 5, left eye (Deleted 02/22/2023) |
| H35.163 | Retinopathy of prematurity, stage 5, bilateral (Deleted 02/22/2023) |
| H35.21 | Other non-diabetic proliferative retinopathy, right eye |
| H35.22 | Other non-diabetic proliferative retinopathy, left eye |
| H35.23 | Other non-diabetic proliferative retinopathy, bilateral |
| H35.3210 | Exudative age-related macular degeneration, right eye, stage unspecified |
| H35.3211 | Exudative age-related macular degeneration, right eye, with active choroidal neovascularization |
| H35.3212 | Exudative age-related macular degeneration, right eye, with inactive choroidal neovascularization |
| H35.3213 | Exudative age-related macular degeneration, right eye, with inactive scar |
| H35.3220 | Exudative age-related macular degeneration, left eye, stage unspecified |
| H35.3221 | Exudative age-related macular degeneration, left eye, with active choroidal neovascularization |
| H35.3222 | Exudative age-related macular degeneration, left eye, with inactive choroidal neovascularization |
| H35.3223 | Exudative age-related macular degeneration, left eye, with inactive scar |
| H35.3230 | Exudative age-related macular degeneration, bilateral, stage unspecified |
| H35.3231 | Exudative age-related macular degeneration, bilateral, with active choroidal neovascularization |
| H35.3232 | Exudative age-related macular degeneration, bilateral, with inactive choroidal neovascularization |
| H35.3233 | Exudative age-related macular degeneration, bilateral, with inactive scar |
| H35.341 | Macular cyst, hole, or pseudohole, right eye |
| H35.342 | Macular cyst, hole, or pseudohole, left eye |
| H35.343 | Macular cyst, hole, or pseudohole, bilateral |
| H35.351 | Cystoid macular degeneration, right eye |
| H35.352 | Cystoid macular degeneration, left eye |
| H35.353 | Cystoid macular degeneration, bilateral |
| H35.359 | Cystoid macular degeneration, unspecified eye |
| H35.81 | Retinal edema |

| Diagnosis Code | Description |
|-----------------------|--|
| For Ophthalmic | |
| H35.82 | Retinal ischemia |
| H36.811 | Nonproliferative sickle-cell retinopathy, right eye (Effective 10/01/2023) |
| H36.812 | Nonproliferative sickle-cell retinopathy, left eye (Effective 10/01/2023) |
| H36.813 | Nonproliferative sickle-cell retinopathy, bilateral (Effective 10/01/2023) |
| H36.819 | Nonproliferative sickle-cell retinopathy, unspecified eye (Effective 10/01/2023) |
| H36.821 | Proliferative sickle-cell retinopathy, right eye (Effective 10/01/2023) |
| H36.822 | Proliferative sickle-cell retinopathy, left eye (Effective 10/01/2023) |
| H36.823 | Proliferative sickle-cell retinopathy, bilateral (Effective 10/01/2023) |
| H36.829 | Proliferative sickle-cell retinopathy, unspecified eye (Effective 10/01/2023) |
| H36.89 | Other retinal disorders in diseases classified elsewhere (Effective 10/01/2023) |
| H40.51X1 | Glaucoma secondary to other eye disorders, right eye, mild stage (Deleted 02/22/2023) |
| H40.51X2 | Glaucoma secondary to other eye disorders, right eye, moderate stage (Deleted 02/22/2023) |
| H40.51X3 | Glaucoma secondary to other eye disorders, right eye, severe stage (Deleted 02/22/2023) |
| H40.51X4 | Glaucoma secondary to other eye disorders, right eye, indeterminate stage (Deleted 02/22/2023) |
| H40.52X1 | Glaucoma secondary to other eye disorders, left eye, mild stage (Deleted 02/22/2023) |
| H40.52X2 | Glaucoma secondary to other eye disorders, left eye, moderate stage (Deleted 02/22/2023) |
| H40.52X3 | Glaucoma secondary to other eye disorders, left eye, severe stage (Deleted 02/22/2023) |
| H40.52X4 | Glaucoma secondary to other eye disorders, left eye, indeterminate stage (Deleted 02/22/2023) |
| H40.53X1 | Glaucoma secondary to other eye disorders, bilateral, mild stage (Deleted 02/22/2023) |
| H40.53X2 | Glaucoma secondary to other eye disorders, bilateral, moderate stage (Deleted 02/22/2023) |
| H40.53X3 | Glaucoma secondary to other eye disorders, bilateral, severe stage (Deleted 02/22/2023) |
| H40.53X4 | Glaucoma secondary to other eye disorders, bilateral, indeterminate stage (Deleted 02/22/2023) |
| H40.89 | Other specified glaucoma |
| H44.2A1 | Degenerative myopia with choroidal neovascularization, right eye |
| H44.2A2 | Degenerative myopia with choroidal neovascularization, left eye |
| H44.2A3 | Degenerative myopia with choroidal neovascularization, bilateral eye |
| H44.2B1 | Degenerative myopia with macular hole, right eye |
| H44.2B2 | Degenerative myopia with macular hole, left eye |
| H44.2B3 | Degenerative myopia with macular hole, bilateral eye |
| H44.2C1 | Degenerative myopia with retinal detachment, right eye |
| H44.2C2 | Degenerative myopia with retinal detachment, left eye |
| H44.2C3 | Degenerative myopia with retinal detachment, bilateral eye |
| H44.2D1 | Degenerative myopia with foveoschisis, right eye |
| H44.2D2 | Degenerative myopia with foveoschisis, left eye |
| H44.2D3 | Degenerative myopia with foveoschisis, bilateral eye |
| H44.2E1 | Degenerative myopia with other maculopathy, right eye |
| H44.2E2 | Degenerative myopia with other maculopathy, left eye |
| H44.2E3 | Degenerative myopia with other maculopathy, bilateral eye |

Definitions

Off-Label Drug Use: An off-label/unlabeled use of a drug is defined as a use for a non-FDA approved indication, that is, one that is not listed on the drug's official label/prescribing information. An indication is defined as a diagnosis, illness, injury, syndrome, condition, or other clinical parameter for which a drug may be given. Off-label use is further defined as giving the drug in a way that deviates significantly from the labeled prescribing information for a particular indication. This includes but is not necessarily limited to, dosage, route of administration, duration and frequency of administration, and population to whom the drug would be administered. Drugs used for indications other than those in the approved labeling may be covered under Medicare if it is determined that the use is medically accepted, taking into consideration the major drug compendia, authoritative medical literatures and/or accepted standards of medical practice. Determinations as to whether medication is reasonable and necessary for an individual patient are made on appeal on the same basis as all other such determinations (i.e., with support from the peer-reviewed literature, with the advice of medical consultants, with reference to accepted standards of medical practice, and in consideration of the medical circumstance of the individual case).

References

CMS National Coverage Determinations (NCDs)

[NCD 110.17 Anti-Cancer Chemotherapy for Colorectal Cancer for Colorectal Cancer](#)

CMS Local Coverage Determinations (LCDs) and Articles

| LCD | Article | Contractor | Medicare Part A | Medicare Part B |
|--|--|-------------|--|--|
| L33394 Drugs and Biologicals, Coverage of, for Label and Off-Label Uses | A52370 Billing and Coding: Bevacizumab and biosimilars A52855 Billing and Coding: Drugs and Biologicals | NGS | CT, IL, MA, ME, MN, NH, NY, RI, VT, WI | CT, IL, MA, ME, MN, NH, NY, RI, VT, WI |
| N/A | A58113 Off-Label Use of Drugs and Biologicals for Anti-Cancer Chemotherapeutic Regimen | CGS | KY, OH | KY, OH |
| N/A | A53049 Billing and Coding: Approved Drugs and Biologicals: Includes Cancer Chemotherapeutic Agents A53121 Billing and Coding: Information Regarding Uses, Including Off-Label Uses, of Anti-Vascular Endothelial Growth Factor (anti-VEGF), for The Treatment of Ophthalmological Diseases Retired 04/01/2023 | Novitas | AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX | AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX |
| N/A | A53008 Billing and Coding: Intraocular Bevacizumab | Noridian | AS, CA, GU, HI, MP, NV | AS, CA, GU, HI, MP, NV |
| N/A | A53009 Billing and Coding: Intraocular Bevacizumab | Noridian | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| L36962 Vascular Endothelial Growth Factor Inhibitors for the Treatment of Ophthalmological Diseases Retired 02/23/2023 | A56716 Billing and Coding: Vascular Endothelial Growth Factor Inhibitors for the Treatment of Ophthalmological Diseases Retired 04/01/2023 | First Coast | FL, PR, VI | FL, PR, VI |

| LCD | Article | Contractor | Medicare Part A | Medicare Part B |
|--|--|-------------|-----------------|-----------------|
| L33915 Label and Off-label Coverage of Outpatient Drugs and Biologicals Retired 08/17/2023 | A56744 Billing and Coding: Label and Off-label Coverage of Outpatient Drugs and Biologicals Retired 08/17/2023 | First Coast | FL, PR, VI | FL, PR, VI |

CMS Benefit Policy Manual

[Chapter 15; § 50 Drugs and Biologicals, 50.2 Determining Self-Administration of Drug or Biological, 50.4.1 Approved Use of Drug, 50.4.2 Unlabeled Use of Drug, 50.4.5 Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen](#)

CMS Claims Processing Manual

[Chapter 17; § 10 Payment Rules for Drugs and Biologicals](#)

CMS Transmittal(s)

[Transmittal 38, Change Request 3742, Dated 06/17/2005 \(Coverage of Colorectal Anti-Cancer Drugs Included in Clinical Trials\)](#)

Other(s)

[Avastin® Prescribing Information](#)

[Medicare Program Integrity Manual, Chapter 13 Local Coverage Determinations, § 13.5.4 Reasonable and Necessary Provisions in LCDs, CMS Website](#)

[NCCN Drugs & Biologics Compendium \(NCCN Compendium®\), National Comprehensive Cancer Network Website](#)

Social Security Act (Title XVIII):

- [1862\(a\)\(1\)\(A\) Medically Reasonable & Necessary](#)
- [1862\(a\)\(1\)\(D\) Investigational or Experimental](#)
- [1833\(e\) Incomplete Claim](#)
- [1861\(t\) \(1\) Drugs and Biologicals](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

| Date | Summary of Changes |
|------------|--|
| 05/01/2024 | <p>Related Policies</p> <ul style="list-style-type: none"> Removed reference link to the Medicare Advantage Coverage Summary titled <i>Vision Services</i> (retired May 1, 2024) |
| 10/11/2023 | <p>Applicable Codes</p> <p>Diagnosis Codes</p> <p>For Ophthalmic</p> <ul style="list-style-type: none"> Added H36.811, H36.812, H36.813, H36.819, H36.821, H36.822, H36.823, H36.829, and H36.89 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version MPG023.13 |

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section above to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).