

Avastin® (Bevacizumab)

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[↪ Terms and Conditions](#)

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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\(t\) \(1\)](#).

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

Generally, drugs and biologicals are covered only if all of the following requirements are met:

- They meet the definition of drugs or biologicals;
- They are of the type that are not usually self-administered by the patients who take them;
- They meet all the general requirements for coverage of items as incident to a physician's services;
- They are reasonable and necessary for the diagnosis or treatment of the illness or injury for which they are administered according to accepted standards of medical practice;

- They are not excluded as immunizations; and
- They have not been determined by the FDA to be less than effective.

Coverage for medication is based on the patient's condition, the appropriateness of the dose and route of administration, based on the clinical condition and the standard of medical practice regarding the effectiveness of the drug for the diagnosis and condition. The drug must be used according to the indication and protocol listed in the accepted compendia listed below.

- National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
- American Hospital Formulary Service-Drug Information (AHFS-DI)
- Thomson Micromedex DrugDex
- Clinical Pharmacology
- Wolters Kluwer Lexi-Drugs

The compendia employ various rating and recommendation systems that may not be readily cross-walked from compendium to compendium.

Note: 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

Use of the drug or biological must be safe and effective and otherwise reasonable and necessary. Drugs or biologicals and cancer chemotherapeutic agents approved for marketing by the Food and Drug Administration (FDA) are considered safe and effective for purposes of this requirement when used for indications specified on the labeling.

Therefore, payment may be made for an FDA-approved chemotherapeutic drug or biological, if:

- It was injected on or after the date of the FDA's approval;
- It is reasonable and necessary for the individual patient; and
- All other applicable coverage requirements are met.

An unlabeled use of a drug is a use that is not included as an indication on the drug's label as approved by the FDA. FDA approved drugs used for indications other than what is indicated on the official label may be covered if the contractor determines the use to be medically accepted, taking into consideration the major drug compendia, authoritative medical literature and/or accepted standards of medical practice.

There are many reasons to consider an unlabeled use for a cancer chemotherapy agent. Some of these are:

- Drugs may be effective for many other cancers in addition to the ones that were considered in the primary labeling of the drug.
- Many chemotherapeutic agents are given in combinations. Any one of the drugs in the combination may not have been approved in the initial labeling of the products. In addition the combination of effective chemotherapeutic agents changes over time.
- Cancer chemotherapeutic agents are always changing and improving over time.
- Oncologists are often left with few approved treatment options if initial treatment regimens have failed.

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 as first or second-line treatment

- For the second-line treatment of patients with metastatic colorectal cancer who have progressed on a first-line Avastin®-containing regimen when used in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy
- 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 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 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

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 CPT/HCPCS code must describe the service performed.

Coding Guidelines

- Diagnosis codes must be listed to the most specific number
- Use the appropriate HCPCS code to report the drug being used

Ophthalmology

Avastin® (bevacizumab), which was initially approved by the FDA in 2004 for the treatment of metastatic colon cancer, is a monoclonal antibody that binds to VEGF. Vascular endothelial growth factor (VEGF) plays an important role in both physiologic and pathologic angiogenesis and contributes to increased permeability across both the blood-retinal and blood-brain barriers. VEGF is a protein that stimulates the growth, proliferation, and survival of vascular endothelial cells. VEGF, through its promotion of angiogenesis and vascular permeability is a central component of the pathologic process driving wet age-related macular degeneration (AMD), as well as other choroidal and retinal vascular disorders.

Non-FDA approved intravitreal use of bevacizumab has been widely reported by practicing ophthalmologists to be beneficial in select individuals with neovascular AMD. 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.

Coverage

Based on published reports and widespread clinical use, there is compelling evidence of bevacizumab's safety and efficacy for:

- Choroidal neovascularization (CNV) in age-related macular degeneration (AMD)
- Proliferative diabetic retinopathy
- Neovascular glaucoma
- Diabetic macular edema
- Retinal and iris neovascularizations
- Macular edema following branch and central retinal vein occlusions

Treatment frequency should be consistent with the clinical assessment (symptoms, exam, testing when indicated (optical coherence tomography (OCT), fluorescein angiogram, etc.)) as documented in the medical record. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Limitations

This service will be considered medically reasonable and necessary only when furnished by a qualified Ophthalmologist. Bevacizumab is contraindicated in patients with ocular or periocular infections or known hypersensitivity to bevacizumab or any of the inactive ingredients in bevacizumab.

Documentation Requirements

Medical record documentation maintained by the performing ophthalmologist must include the following:

- The clinical indication/medical necessity for the bevacizumab injection,
- The actual dosage of bevacizumab given, site of injection and route of administration,
- Test results to firmly establish diagnosis by fluorescein angiogram or optical coherence tomography (OCT), for individuals with proliferative diabetic retinopathy, diabetic macular edema, retinal neovascularization, central retinal vein occlusion, venous tributary (branch) occlusion, exudative macular degeneration, and retinal edema. Tests to confirm the established diagnosis are not required for rubeosis iridis, or in the case of a vitreous hemorrhage in which the neovascularization cannot be visualized.
- Indication that the patient has been provided appropriate informed consent regarding the benefits and risks of this therapy and off-label use of this drug.

Coding Guidelines

- Diagnosis codes must be listed to the most specific number
- 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, please see the Local Coverage Determination for the jurisdiction in which the procedure is 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
C9257	Injection, bevacizumab, 0.25 mg (Outpatient Facility claims only)
J3490	Unclassified drugs
J3590	Unclassified biologics
J7999	Compounded drug, not otherwise classified
J9035	Injection, bevacizumab, 10 mg

HCPCS Code	Description
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg (Effective 01/01/2019)
Q5118	Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg (Effective 10/01/2019)

Modifier	Description
50	Bilateral procedure
GZ	Item or service expected to be denied as not reasonable and necessary
KX	Requirements specified in the medical policy have been met
LT	Left side (used to identify procedures performed on the left side of the body)
RT	Right side (used to identify procedures performed on the right side of the body)

Coding Clarification

The following coding clarification applies to the list of Cancer ICD-10 Diagnosis Code List below:

- ICD-10 diagnosis codes C17.3, C70.9, C79.31, D32.9, D42.9, Z85.831, and Z85.848 apply only to HCPCS J9035

Diagnosis Code	Description
For Cancer	
*Note: See Coding Clarifications	
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3 *	Meckel's diverticulum, malignant (Effective 07/08/2020)
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
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 (Effective 07/08/2020)
C22.8	Malignant neoplasm of liver, primary, unspecified as to type (Effective 07/08/2020)
C22.9	Malignant neoplasm of liver, not specified as primary or secondary (Effective 07/08/2020)
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus

Diagnosis Code	Description
For Cancer	
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
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung (Expired 06/07/2020)
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified (Expired 06/07/2020)
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck (Expired 06/07/2020)
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder (Expired 06/07/2020)
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder (Expired 06/07/2020)
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip (Expired 06/07/2020)
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip (Expired 06/07/2020)
C47.3	Malignant neoplasm of peripheral nerves of thorax (Expired 06/07/2020)
C47.4	Malignant neoplasm of peripheral nerves of abdomen (Expired 06/07/2020)
C47.5	Malignant neoplasm of peripheral nerves of pelvis (Expired 06/07/2020)
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified (Expired 06/07/2020)
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system (Expired 06/07/2020)
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified (Expired 06/07/2020)
C48.0	Malignant neoplasm of retroperitoneum and peritoneum; retroperitoneum

Diagnosis Code	Description
For Cancer	
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
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

Diagnosis Code	Description
For Cancer	
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
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

Diagnosis Code	Description
For Cancer	
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
C56.9	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
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

Diagnosis Code	Description
For Cancer	
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
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis (Expired 06/07/2020)
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis (Expired 06/07/2020)
C79.31*	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges (Expired 06/07/2020)
C79.61	Secondary malignant neoplasm of right ovary (Expired 06/07/2020)
C79.62	Secondary malignant neoplasm of left ovary (Expired 06/07/2020)
C79.82	Secondary malignant neoplasm of genital organs
C79.89	Secondary malignant neoplasm of other specified sites (Expired 06/07/2020)
C79.9	Secondary malignant neoplasm of unspecified site (Expired 06/07/2020)
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
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
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
I67.89	Other cerebrovascular disease
I78.0	Hereditary hemorrhagic telangiectasia
T66.XXXA	Radiation sickness, unspecified, initial encounter (Effective 05/01/2020)
T66.XXXD	Radiation sickness, unspecified, subsequent encounter (Effective 05/01/2020)
T66.XXXS	Radiation sickness, unspecified, sequela (Effective 05/01/2020)
Z80.49	Family history of malignant neoplasm of other genital organs
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

Diagnosis Code	Description
For Cancer	
Z85.068	Personal history of other malignant neoplasm of small intestine
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.3	Personal history of malignant neoplasm of breast
Z85.43	Personal history of malignant neoplasm of ovary
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 (Effective 02/01/2020)
B39.5	Histoplasmosis duboisii (Effective 02/01/2020)
B39.9	Histoplasmosis, unspecified (Effective 02/01/2020)
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
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

Diagnosis Code	Description
For Ophthalmic	
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
E08.3493	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
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

Diagnosis Code	Description
For Ophthalmic	
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
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

Diagnosis Code	Description
For Ophthalmic	
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
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

Diagnosis Code	Description
For Ophthalmic	
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
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

Diagnosis Code	Description
For Ophthalmic	
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
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

Diagnosis Code	Description
For Ophthalmic	
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
E11.3533	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
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

Diagnosis Code	Description
For Ophthalmic	
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
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

Diagnosis Code	Description
For Ophthalmic	
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 (Effective 02/01/2020)
H33.001	Unspecified retinal detachment with retinal break, right eye (Effective 02/01/2020)
H33.002	Unspecified retinal detachment with retinal break, left eye (Effective 02/01/2020)
H33.003	Unspecified retinal detachment with retinal break, bilateral (Effective 02/01/2020)
H33.011	Retinal detachment with single break, right eye (Effective 02/01/2020)
H33.012	Retinal detachment with single break, left eye (Effective 02/01/2020)
H33.013	Retinal detachment with single break, bilateral (Effective 02/01/2020)
H33.021	Retinal detachment with multiple breaks, right eye (Effective 02/01/2020)
H33.022	Retinal detachment with multiple breaks, left eye (Effective 02/01/2020)
H33.023	Retinal detachment with multiple breaks, bilateral (Effective 02/01/2020)
H33.031	Retinal detachment with giant retinal tear, right eye (Effective 02/01/2020)
H33.032	Retinal detachment with giant retinal tear, left eye (Effective 02/01/2020)
H33.033	Retinal detachment with giant retinal tear, bilateral (Effective 02/01/2020)
H33.041	Retinal detachment with retinal dialysis, right eye (Effective 02/01/2020)
H33.042	Retinal detachment with retinal dialysis, left eye (Effective 02/01/2020)
H33.043	Retinal detachment with retinal dialysis, bilateral (Effective 02/01/2020)
H33.051	Total retinal detachment, right eye (Effective 02/01/2020)
H33.052	Total retinal detachment, left eye (Effective 02/01/2020)
H33.053	Total retinal detachment, bilateral (Effective 02/01/2020)
H33.101	Unspecified retinoschisis, right eye (Effective 02/01/2020)
H33.102	Unspecified retinoschisis, left eye (Effective 02/01/2020)
H33.103	Unspecified retinoschisis, bilateral (Effective 02/01/2020)
H33.111	Cyst of ora serrata, right eye (Effective 02/01/2020)
H33.112	Cyst of ora serrata, left eye (Effective 02/01/2020)
H33.113	Cyst of ora serrata, bilateral (Effective 02/01/2020)
H33.121	Parasitic cyst of retina, right eye (Effective 02/01/2020)
H33.122	Parasitic cyst of retina, left eye (Effective 02/01/2020)
H33.123	Parasitic cyst of retina, bilateral (Effective 02/01/2020)
H33.191	Other retinoschisis and retinal cysts, right eye (Effective 02/01/2020)
H33.192	Other retinoschisis and retinal cysts, left eye (Effective 02/01/2020)
H33.193	Other retinoschisis and retinal cysts, bilateral (Effective 02/01/2020)
H33.21	Serous retinal detachment, right eye (Effective 02/01/2020)

Diagnosis Code	Description
For Ophthalmic	
H33.22	Serous retinal detachment, left eye (Effective 02/01/2020)
H33.23	Serous retinal detachment, bilateral (Effective 02/01/2020)
H33.301	Unspecified retinal break, right eye (Effective 02/01/2020)
H33.302	Unspecified retinal break, left eye (Effective 02/01/2020)
H33.303	Unspecified retinal break, bilateral (Effective 02/01/2020)
H33.311	Horseshoe tear of retina without detachment, right eye (Effective 02/01/2020)
H33.312	Horseshoe tear of retina without detachment, left eye (Effective 02/01/2020)
H33.313	Horseshoe tear of retina without detachment, bilateral (Effective 02/01/2020)
H33.321	Round hole, right eye (Effective 02/01/2020)
H33.322	Round hole, left eye (Effective 02/01/2020)
H33.323	Round hole, bilateral (Effective 02/01/2020)
H33.331	Multiple defects of retina without detachment, right eye (Effective 02/01/2020)
H33.332	Multiple defects of retina without detachment, left eye (Effective 02/01/2020)
H33.333	Multiple defects of retina without detachment, bilateral (Effective 02/01/2020)
H33.41	Traction detachment of retina, right eye (Effective 02/01/2020)
H33.42	Traction detachment of retina, left eye (Effective 02/01/2020)
H33.43	Traction detachment of retina, bilateral (Effective 02/01/2020)
H33.8	Other retinal detachments (Effective 02/01/2020)
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
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

Diagnosis Code	Description
For Ophthalmic	
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
H35.142	Retinopathy of prematurity, stage 3, left eye
H35.143	Retinopathy of prematurity, stage 3, bilateral
H35.151	Retinopathy of prematurity, stage 4, right eye
H35.152	Retinopathy of prematurity, stage 4, left eye
H35.153	Retinopathy of prematurity, stage 4, bilateral
H35.161	Retinopathy of prematurity, stage 5, right eye
H35.162	Retinopathy of prematurity, stage 5, left eye
H35.163	Retinopathy of prematurity, stage 5, bilateral
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 (Effective 02/01/2020)
H35.342	Macular cyst, hole, or pseudohole, left eye (Effective 02/01/2020)
H35.343	Macular cyst, hole, or pseudohole, bilateral (Effective 02/01/2020)
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
H35.82	Retinal ischemia
H40.51X1	Glaucoma secondary to other eye disorders, right eye, mild stage
H40.51X2	Glaucoma secondary to other eye disorders, right eye, moderate stage
H40.51X3	Glaucoma secondary to other eye disorders, right eye, severe stage

Diagnosis Code	Description
For Ophthalmic	
H40.51X4	Glaucoma secondary to other eye disorders, right eye, indeterminate stage
H40.52X1	Glaucoma secondary to other eye disorders, left eye, mild stage
H40.52X2	Glaucoma secondary to other eye disorders, left eye, moderate stage
H40.52X3	Glaucoma secondary to other eye disorders, left eye, severe stage
H40.52X4	Glaucoma secondary to other eye disorders, left eye, indeterminate stage
H40.53X1	Glaucoma secondary to other eye disorders, bilateral, mild stage
H40.53X2	Glaucoma secondary to other eye disorders, bilateral, moderate stage
H40.53X3	Glaucoma secondary to other eye disorders, bilateral, severe stage
H40.53X4	Glaucoma secondary to other eye disorders, bilateral, indeterminate stage
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 (Effective 02/01/2020)
H44.2B2	Degenerative myopia with macular hole, left eye (Effective 02/01/2020)
H44.2B3	Degenerative myopia with macular hole, bilateral eye (Effective 02/01/2020)
H44.2C1	Degenerative myopia with retinal detachment, right eye (Effective 02/01/2020)
H44.2C2	Degenerative myopia with retinal detachment, left eye (Effective 02/01/2020)
H44.2C3	Degenerative myopia with retinal detachment, bilateral eye (Effective 02/01/2020)
H44.2D1	Degenerative myopia with foveoschisis, right eye (Effective 02/01/2020)
H44.2D2	Degenerative myopia with foveoschisis, left eye (Effective 02/01/2020)
H44.2D3	Degenerative myopia with foveoschisis, bilateral eye (Effective 02/01/2020)
H44.2E1	Degenerative myopia with other maculopathy, right eye (Effective 02/01/2020)
H44.2E2	Degenerative myopia with other maculopathy, left eye (Effective 02/01/2020)
H44.2E3	Degenerative myopia with other maculopathy, bilateral eye (Effective 02/01/2020)

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	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
	A52855 Drugs and Biologicals, Coverage of, for Label and Off-Label Uses - Supplemental Instructions Article			
L33915 Label and Off-label Coverage of Outpatient Drugs And Biologicals	A56744 Billing and Coding: Label and Off-label Coverage of Outpatient Drugs and Biologicals	First Coast	FL, PR, VI	FL, PR, VI
L36962 Vascular Endothelial Growth Factor Inhibitors for the Treatment of Ophthalmological Diseases	A56716 Billing and Coding: Vascular Endothelial Growth Factor Inhibitors for the Treatment of Ophthalmological Diseases (A56716)	First Coast	FL, PR, VI	FL, PR, VI
	A54674 Intravitreal Bevacizumab (Avastin®) Coding guidelines)			
	A55588 Vascular endothelial growth factor inhibitors for the treatment of ophthalmological diseases – new Part A and Part B LCD			
	A57987 Vascular endothelial growth factor inhibitors for the treatment of ophthalmological diseases revision to the Part A and Part B Billing and Coding Article			
N/A	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 (A53121)	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 Intraocular Bevacizumab Coding/Billing Guidelines	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
N/A	A53009 Intraocular Bevacizumab Coding/Billing Guidelines	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
	A52991 Chemotherapy Administration			
L34093 Chemotherapy and Biologicals Retired 06/07/2020	A56604 Billing and Coding: Bevacizumab: Avastin-J9035 Retired 06/07/2020	CGS	KY, OH	KY, OH

LCD	Article	Contractor	Medicare Part A	Medicare Part B
N/A	A52532 (Off-Label Cancer Chemotherapy Use) Retired 06/07/2020	CGS	KY, OH	KY, OH
	A52425 Drugs and Biologicals, Coverage of, for Label and Off-Label Uses - Supplemental Instructions Article Retired 06/07/2020			

CMS Benefit Policy Manual

[Chapter 15: § 50 Drugs and Biologicals](#)

CMS Claims Processing Manual

[Chapter 23: § 20.9 National Correct Coding Initiative](#)

CMS Transmittal(s)

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

MLN Matters

[Article MM3742, Anti-Cancer Chemotherapy for Colorectal Cancer](#)

UnitedHealthcare Commercial Policy

[Ophthalmologic Policy: Vascular Endothelial Growth Factor \(VEGF\) Inhibitors](#)

Other(s)

[Avastin® Prescribing Information](#)

[Maximum Dosage and Frequency](#)

[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
04/01/2021	Template Update <ul style="list-style-type: none"> • Reformatted policy; transferred content to new template
07/08/2020	Policy Summary <i>Overview</i> <ul style="list-style-type: none"> • Simplified and reorganized content

Date	Summary of Changes
	<ul style="list-style-type: none"> ● Removed language pertaining to payment policy rules and regulations-for chemotherapeutic drug and biological services ● Added language (relocated from the <i>Guidelines</i> section) to indicate: <ul style="list-style-type: none"> ○ 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 <p>Guidelines</p> <ul style="list-style-type: none"> ● Simplified and reorganized content ● Removed language addressed in the referenced <i>Medicare Benefit Policy Manual - Pub. 100-02, Chapter 15, Section 50</i> ● Added language (relocated from the <i>Overview</i> section) to indicate: <ul style="list-style-type: none"> ○ Generally, drugs and biologicals are covered only if all of the following requirements are met: <ul style="list-style-type: none"> ▪ They meet the definition of drugs or biologicals; ▪ They are of the type that are not usually self-administered by the patients who take them; ▪ They meet all the general requirements for coverage of items as incident to a physician's services; ▪ They are reasonable and necessary for the diagnosis or treatment of the illness or injury for which they are administered according to accepted standards of medical practice; ▪ They are not excluded as immunizations; and ▪ They have not been determined by the FDA to be less than effective ○ 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 <p>Coverage</p> <ul style="list-style-type: none"> ● Replaced language indicating “bevacizumab (Avastin®) is <i>FDA approved for treatment of select cancers as a systemic drug</i>” with “bevacizumab (Avastin®) <i>is a vascular endothelial growth factor inhibitor indicated for the treatment of [the cancers listed in the policy]</i>” ● Revised list of indications: <ul style="list-style-type: none"> ○ Added “Hepatocellular Carcinoma (HCC) in combination with atezolizumab for the treatment of patients with unresectable or metastatic HCC who have not received prior systemic therapy” ○ Updated criteria for: <ul style="list-style-type: none"> Metastatic colorectal cancer <ul style="list-style-type: none"> ▪ Replaced “in combination with 5-fluorouracil-based chemotherapy as first or second-line therapy” with “in combination with <i>intravenous</i> fluorouracil-based chemotherapy as first or second-line <i>treatment</i>” Epithelial ovarian, fallopian tube, or primary peritoneal cancer <ul style="list-style-type: none"> ▪ Replaced “in combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for platinum-resistant disease” with “in combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for platinum-resistant disease [for patients] <i>who received no more than 2 prior chemotherapy regimens</i>” <p>Limitations (new to policy)</p> <ul style="list-style-type: none"> ● Added language to indicate Avastin is not indicated for adjuvant treatment of colon cancer <p>Chemotherapy Administration (removed from policy)</p> <ul style="list-style-type: none"> ● Removed content/language pertaining to chemotherapy administration codes and services <p>Documentation Requirements</p> <ul style="list-style-type: none"> ● Revised language to indicate: <ul style="list-style-type: none"> ○ 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

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ 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 CPT/HCPCS code must describe the service performed <p>Coding Guidelines</p> <ul style="list-style-type: none"> ● Replaced instruction to “use the appropriate <i>J code or C code</i> to report the drug being used” with “use the appropriate <i>HCPCS</i> code to report the drug being used” ● Removed language indicating: <ul style="list-style-type: none"> ○ True codes reflect the dosage of the drug; the number of units should indicate the total number of units given in item 24G of the CMS 1500 form ○ If filing electronically, the total units should be placed in the NSF Format, Record FAO-18.0, ANSI 837 format Segment SV1-05 (3032) or Segment SV2-04 (3052) <p>Ophthalmology</p> <p>Coverage</p> <ul style="list-style-type: none"> ● Added language to indicate services performed in excess of established parameters may be subject to review for medical necessity ● Removed language indicating current literature indicates anticipated dosage is 1.25 mg (0.05ml) or less every 4 to 6 weeks, as needed, by aseptic intravitreal injection into affected eye <p>Limitations</p> <ul style="list-style-type: none"> ● Replaced language indicating “this service will be considered medically reasonable and necessary only <i>if performed by a Board Certified (ABMS) Ophthalmologist</i>” with “this service will be considered medically reasonable and necessary only <i>when furnished by a qualified Ophthalmologist</i>” <p>Coding Guidelines</p> <ul style="list-style-type: none"> ● Replaced instruction to “use the appropriate <i>J code or C code</i> to report the drug being used” with “use the appropriate <i>HCPCS</i> code to report the drug being used” ● Removed language indicating: <ul style="list-style-type: none"> ○ True codes reflect the dosage of the drug; the number of units should indicate the total number of units given in item 24G of the CMS 1500 form ○ If filing electronically, the total units should be placed in the NSF Format, Record FAO-18.0, ANSI 837 format Segment SV1-05 (3032) or Segment SV2-04 (3052) <p>Applicable Codes</p> <p>HCPCS Codes</p> <ul style="list-style-type: none"> ● Added HCPCS codes Q5107 and Q5118 <p>ICD-10 Diagnosis Codes</p> <ul style="list-style-type: none"> ● Added ICD-10 diagnosis codes C17.3, C22.0, C22.8, C22.9, T66.XXXA, T66.XXXD, and T66.XXXS ● Added notation to indicate: <ul style="list-style-type: none"> ○ ICD-10 diagnosis codes C46.50, C46.9, C47.0, C47.11, C47.12, C47.21, C47.22, C47.3, C47.4, C47.5, C47.6, C47.8, C47.9, C79.01, C79.02, C79.32, C79.61, C79.62, C79.89, and C79.9 “expired June 7, 2020” ○ ICD-10 diagnosis codes C17.3, C70.9, C79.31, D32.9, D42.9, Z85.831, and Z85.848 apply only to HCPCS code J9035 <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 MPG023.09

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 below 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](#).