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## **1.0 Description of the Procedure, Product, or Service**

Cytogenetics is the study of a cell's chromosomal composition. Cytogenetic testing involves the determination of chromosome number and structure including deletions and duplications; variations in either can produce numerous abnormalities.

Fluorescent in situ hybridization (FISH) is the application of fluorescently labeled DNA molecules to metaphase chromosomes and interphase nuclei for the detection of chromosomal abnormalities and alterations. It is a rapid, reliable, and direct approach for diagnosis, prognosis, and management of hematological malignancies. FISH is also a component of testing for some non-cancerous genetic conditions (for example, DiGeorge syndrome, William's syndrome, or Angelman syndrome) and is also used for preliminary diagnosis, prognosis, and management of pregnancies with indications for testing.

### **1.1 Definitions**

a. **Constitutional Chromosomal Abnormalities**

Constitutional chromosomal abnormalities are chromosomal abnormalities that are present at birth.

b. **Neoplastic (Cancerous) Chromosomal Abnormalities**

Cancerous chromosomal abnormalities are chromosomal abnormalities that have been acquired by a cancerous population of cells.

c. **Genetic Counselor**

Genetic counselors are health professionals with specialized education, training, and experience in medical genetics and counseling. They help people understand and adapt to the implications of genetic contributions to disease.

d. **Genetic Counseling**

Genetic counseling is a process of communication that allows beneficiaries and their families to make informed medical decisions. These services may include obtaining a structured family medical and genetic history, constructing a multiple-generation genetic pedigree, performing an analysis of available medical information for genetic risk assessment, and counseling the beneficiary and family. This counseling includes natural history of disease, recurrence risk to family members, and availability of testing, screening and monitoring options.

## 2.0 Eligibility Requirements

### 2.1 Provisions

#### 2.1.1 General

*(The term “General” found throughout this policy applies to all Medicaid and NCHC policies)*

- a. An eligible beneficiary shall be enrolled in either:
  1. the NC Medicaid Program (*Medicaid is NC Medicaid program, unless context clearly indicates otherwise*); or
  2. the NC Health Choice (*NCHC is NC Health Choice program, unless context clearly indicates otherwise*) Program on the date of service and shall meet the criteria in **Section 3.0 of this policy**.
- b. Provider(s) shall verify each Medicaid or NCHC beneficiary’s eligibility each time a service is rendered.
- c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.
- d. Following is only one of the eligibility and other requirements for participation in the NCHC Program under GS 108A-70.21(a): Children must be between the ages of 6 through 18.

#### 2.1.2 Specific

*(The term “Specific” found throughout this policy only applies to this policy)*

- a. **Medicaid**  
None Apply.
- b. **NCHC**  
None Apply.

### 2.2 Special Provisions

#### 2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

- a. **42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary’s physician, therapist, or other licensed

practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**b. EPSDT and Prior Approval Requirements**

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below.

*NCTracks Provider Claims and Billing Assistance Guide:*

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page: <http://www.ncdhhs.gov/dma/epsdt/>

**2.2.2 EPSDT does not apply to NCHC beneficiaries**

**2.2.3 Health Choice Special Provision for a Health Choice Beneficiary age 6 through 18 years of age**

The Division of Medical Assistance (DMA) shall deny the claim for coverage for an NCHC beneficiary who does not meet the criteria within **Section 3.0** of this policy. Only services included under the NCHC State Plan and the DMA clinical coverage policies, service definitions, or billing codes are covered for an NCHC beneficiary.

### 3.0 When the Procedure, Product, or Service Is Covered

*Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.*

#### 3.1 General Criteria Covered

Medicaid and NCHC shall cover the procedure, product, or service related to this policy when medically necessary, and:

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

#### 3.2 Specific Criteria Covered

##### 3.2.1 Specific criteria covered by both Medicaid and NCHC

Medicaid and NCHC cover cytogenetic studies when the following criteria are met:

- a. a comprehensive history and physical examination (H&P) reveals a constellation of signs and symptoms that suggests recognizable patterns of human malformation, **or** a prenatal ultrasound reveals a structural malformation suggesting a genetic abnormality, **and**  
**(Note: See exclusions for NCHC in Subsection 4.2.3)**
- b. the results of the studies will directly affect clinical decision making or clinical outcome for the beneficiary.

##### 3.2.2 Medicaid Additional Criteria Covered

##### 3.2.3 Constitutional Cytogenetics

Medicaid covers cytogenetic studies for constitutional chromosomal abnormalities for the diagnosis and treatment, including the following conditions:

- a. Genetic disorders (such as Down syndrome);
- b. Failure of sexual development;
- c. Developmental delay;
- d. Advanced maternal age; **(For NCHC refer to Subsection 4.2.3)**
- e. Multiple malformations; and
- f. Mental retardation.

##### 3.2.4 Neoplastic (Cancer) Cytogenetics

The usefulness of testing for acquired chromosomal abnormalities has been demonstrated for the diagnosis and treatment of an increasing number of cancers. Medicaid therefore covers cytogenetic studies in suspected cases of these cancers, including the following:

- a. Chronic myelogenous leukemia
- b. Acute leukemia

- c. Myelodysplasia
- d. Lymphomas
- e. Multiple myeloma

### **3.2.5 Genetic Counseling**

Medicaid covers appropriate genetic counseling when it is provided in conjunction with performance or consideration of medically necessary genetic studies that meet the criteria listed throughout **Section 3.0**. This includes follow-up genetic counseling to discuss the results of these tests. Three 30-minute units (for a total of 90 minutes) are allowed per day.

All beneficiaries undergoing genetic testing for any reason shall have both pre-and post-test genetic counseling with a licensed or certified genetic counselor or qualified physician. Refer to **Subsection 1.1**.

### **3.2.6 NCHC Additional Criteria Covered**

None Apply.

## **4.0 When the Procedure, Product, or Service Is Not Covered**

*Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.*

### **4.1 General Criteria Not Covered**

Medicaid and NCHC shall not cover the procedure, product, or service related to this policy when:

- a. the beneficiary does not meet the eligibility requirements listed in **Section 2.0**;
- b. the beneficiary does not meet the criteria listed in **Section 3.0**;
- c. the procedure, product, or service duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

### **4.2 Specific Criteria Not Covered**

#### **4.2.1 Specific Criteria Not Covered by both Medicaid and NCHC**

Medicaid and NCHC shall not cover cytogenetic studies for general population screening when:

- a. there is no symptomatic evidence, **or**
- b. the beneficiary does not meet the medical necessity criteria listed in **Section 3.0**.

**Note:** Cytogenetic studies performed primarily for family planning purposes are not covered.

#### **4.2.2 Medicaid Additional Criteria Not Covered**

None Apply.

#### 4.2.3 NCHC Additional Criteria Not Covered

- a. In addition to the specific criteria not covered in **Subsection 4.2.1** of this policy, NCHC exclusions include obstetrics, gynecology, complications of pregnancy, childbirth and the puerperium. The following are not covered under NCHC:
  1. a prenatal ultrasound reveals a structural malformation suggesting a genetic abnormality (as listed in Subsection 3.2.1)
  2. advanced maternal age (as listed in Subsection 3.2.3)
  3. see Attachment A for Diagnosis and Billing Code(s) excluded from coverage
- b. NCGS § 108A-70.21(b) “Except as otherwise provided for eligibility, fees, deductibles, copayments, and other cost sharing charges, health benefits coverage provided to children eligible under the Program shall be equivalent to coverage provided for dependents under North Carolina Medicaid Program except for the following:
  1. No services for long-term care.
  2. No nonemergency medical transportation.
  3. No EPSDT.
  4. Dental services shall be provided on a restricted basis in accordance with criteria adopted by the Department to implement this subsection.”

### 5.0 Requirements for and Limitations on Coverage

*Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.*

#### 5.1 Prior Approval

Medicaid and NCHC shall not require prior approval for cytogenetic studies.

#### 5.2 Provision of Service

Conventional cytogenetic testing, for routine clinical purposes, using either non-neoplastic tissue (constitutional cytogenetics) or neoplastic tissue (cancer cytogenetics), includes the following:

- a. Tissue culture of the specimen
- b. Metaphase arrest of dividing cells with chemicals that inhibit the mitotic spindle
- c. Exposure to hypotonic solution to swell the cells and thus release the chromosomes
- d. Slide preparation and staining, which permits the microscopic analysis of each chromosome in a metaphase preparation, to enable the observation of any aberrations
- e. Preparation of images called karyotypes, either on paper or electronically, which display all the chromosomes of a metaphase
- f. Interpretation of the results (normal or abnormal) within the context of the beneficiary’s indication for the study and clinical presentation
- g. Generation of a report that conveys the patient results in cytogenetic nomenclature

#### 5.3 Testing Limitations

See **Attachment A** Section H Reimbursement for Testing limitations for CPT codes covered in this policy.

## 5.4 Documentation Requirements

Cytogenetic testing beyond the limitations stated in **Subsection 5.3** requires documentation supporting the need for additional test(s). Documents may include the reason for the test(s); previous lab results; and how the test results will be utilized, how the test results will contribute to improved health outcomes, and how the test results will alter the beneficiary's treatment and management.

## 6.0 Provider(s) Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

- a. meet Medicaid or NCHC qualifications for participation;
- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

Genetic counseling is provided incident to the services of a physician. Genetic counseling may be provided by a genetic counselor that is certified by the American Board of Genetic Counseling or has an Active Candidate Status. A genetic counselor shall be employed by or under contract to hospitals or other entities that employ licensed physicians who are also Medicaid-enrolled providers. Licensed physicians shall be responsible for providing on-site clinical supervision and must be directly involved in the care of NC Medicaid beneficiaries for whom the counseling service is billed.

Clinical laboratory services may be rendered only by medical care entities that are issued certifications that are in compliance with the Clinical Laboratories Improvement Amendment (CLIA) [Public Law 100-578, amended §353 of the Public Health Service Act (PHSA)].

## 7.0 Additional Requirements

*Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.*

### 7.1 Compliance

Provider(s) shall comply with the following in effect at the time the service is rendered:

- a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
- b. All DMA's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).

## 8.0 Policy Implementation/Revision Information

Original Effective Date: November 1, 1987

### Revision Information:

| Date       | Section Revised                       | Change   |
|------------|---------------------------------------|--|
| 10/01/2008 | All sections and attachment(s)        | Initial promulgation of current coverage   |
| 07/01/2010 | All sections and attachment(s)        | Policy Conversion: Implementation of Session Law 2009-451, <b>Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”</b>   |
| 08/01/2011 | Sections 1.0, 3.0, 4.0, 5.0, 6.0, 7.0 | Updated standard DMA template language   |
| 08/01/2011 | Section 3.0                           | Revised wording to clarify criteria  |
| 08/01/2011 | Subsection 3.5                        | Added, “All recipients undergoing genetic testing for any reason shall have both pre-and post-test genetic counseling with a licensed or certified genetic counselor or qualified physician. Refer to <b>Subsection 1.4.</b> ”   |
| 08/01/2011 | Subsection 5.3                        | Deleted 88264 from list in 5.3 e. Added 5.3.i CPT code 88264 is limited to 2 units per day. Deleted 88273 from list in 5.3h. Added 5.3.j CPT code 88273 is limited to 3 units per day.   |
| 08/01/2011 | Subsection 7.2                        | Deleted “Laboratories may not bill N.C. Medicaid for a test performed while a patient is in hospital inpatient status. Payment arrangements must be made between the laboratory and the hospital. Medicaid”  |
| 08/01/2011 | Subsection 7.3                        | Removed Records Retention :As a condition of participation, providers are required to keep records necessary to disclose the extent of services rendered to recipients and billed to the N. C. Medicaid program [Social Security Act 1902(a) and 42 CFR 431.107]. Records must be retained for a period of at least five years from the date of service, unless a longer retention period is required by applicable federal or state law, regulations, or agreements (10A NCAC 22F.0107). Copies of records must be furnished upon request. The Health Insurance Portability and Accountability Act (HIPAA) does not prohibit the release of records to Medicaid (45 CFR 164.502). |
| 08/01/2011 | Attachment A (E)                      | Changed 1½ hours to 90 minutes   |
| 08/01/2011 | Attachment A (B)                      | Deleted wording that “covered ICD-9 CM diagnosis codes are listed below:” Added wording that “the provider shall ensure that the recipient meets the criteria in section 3.0 of this policy. The ICD-9 CM codes include:” Added the following codes to the diagnosis code table: 279.2, 287.31, 287.32, 287.33, 348.30,  |

| Date       | Section Revised                | Change   |
|------------|--------------------------------|--|
|            |                                | 348.31, 348.39 and 630.1. Deleted inactive diagnosis codes 655.22, 655.24 and 743.60. Added <b>Note:</b> Providers are to use diagnoses code 631 through September 30, 2011 and use ICD-9 diagnosis code 631.0 effective October 1, 2011.  |
| 08/01/2011 | Attachment A (D)               | Deleted “(CPT 2008 codebook)”  |
| 08/01/2011 | Attachment A (G)               | Added Cytogenetic Studies to co-payments   |
| 02/01/2012 | Attachment A: C                | Added statement about Revenue Codes billing  |
| 02/01/2012 | Section 6.0                    | Deleted “Genetic counseling is provided incident to the services of a physician. Genetic counseling may be provided by board-certified or board-eligible genetic counselors employed by or under contract to hospitals or other entities that employ board-certified or board-eligible genetic or prenatal diagnostic specialists (MDs or Dos) who are also enrolled with N.C. Medicaid. The specialist shall be responsible for providing on-site clinical supervision and must be directly involved in the care of recipients for whom the counseling service is billed.” Added to 6.0 “Genetic counseling is provided incident to the services of a physician. Genetic counseling may be provided by a genetic counselor that is certified by the American Board of Genetic Counseling or has an Active Candidate Status. A genetic counselor shall be employed by or under contract to hospitals or other entities that employ licensed physicians who are also Medicaid-enrolled providers. Licensed physicians shall be responsible for providing on-site clinical supervision and must be directly involved in the care of NC Medicaid recipients for whom the counseling service is billed.” |
| 03/12/2012 | All sections and attachment(s) | Technical changes to merge Medicaid and NCHC current coverage into one policy.   |
| 02/01/2013 | Section 1.0                    | Deleted “by light microscopy.”   |
| 02/01/2013 | All sections and attachment(s) | Replaced “recipient” with “beneficiary.”   |
| 07/03/2013 | Subsection 5.3                 | Corrected reference from, “See Attachment A Section G” – to “See Attachment A Section H”   |
| 10/01/2015 | All Sections and Attachments   | Updated policy template language and added ICD-10 codes to comply with federally mandated 10/1/2015 implementation where applicable.   |

### Attachment A: Claims-Related Information

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide*, Medicaid bulletins, fee schedules, DMA’s clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid and NCHC:

**A. Claim Type**

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

**B. International Classification of Diseases, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)**

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

| ICD-10-CM Code(s) |         |       |        |
|-------------------|---------|-------|--------|
| C48.0             | E22.0   | Q13.9 | Q67.6  |
| C47.4             | E28.310 | Q14.0 | Q67.7  |
| C48.8             | E28.319 | Q14.1 | Q67.8  |
| C49.4             | E29.1   | Q14.2 | Q68.0  |
| C71.0             | E29.8   | Q14.3 | Q68.1  |
| C71.1             | E29.9   | Q14.8 | Q68.2  |
| C71.2             | E31.9   | Q14.9 | Q68.3  |
| C71.3             | E34.4   | Q15.0 | Q68.4  |
| C71.4             | E75.23  | Q15.8 | Q68.5  |
| C71.5             | E75.25  | Q15.9 | Q68.8  |
| C71.6             | E75.29  | Q16.0 | Q69.0  |
| C71.7             | E78.71  | Q16.1 | Q69.1  |
| C71.8             | E78.72  | Q16.2 | Q69.2  |
| C71.9             | E87.2   | Q16.3 | Q69.9  |
| C76.2             | F63.3   | Q16.4 | Q70.00 |
| C78.6             | F63.81  | Q16.5 | Q70.01 |
| C79.31            | F63.89  | Q16.9 | Q70.02 |
| C79.40            | F63.9   | Q17.0 | Q70.03 |
| C79.49            | F70     | Q17.1 | Q70.10 |
| C81.01            | F71     | Q17.2 | Q70.11 |
| C81.02            | F72     | Q17.3 | Q70.12 |
| C81.03            | F73     | Q17.4 | Q70.13 |
| C81.04            | F78     | Q17.5 | Q70.20 |
| C81.05            | F79     | Q17.8 | Q70.21 |
| C81.06            | F80.0   | Q17.9 | Q70.22 |
| C81.07            | F80.1   | Q18.0 | Q70.23 |
| C81.11            | F80.2   | Q18.1 | Q70.30 |
| C81.12            | F80.4   | Q18.2 | Q70.31 |

|        |        |       |         |
|--------|--------|-------|---------|
| C81.13 | F80.89 | Q18.3 | Q70.32  |
| C81.14 | F80.9  | Q18.4 | Q70.33  |
| C81.15 | F81.0  | Q18.5 | Q70.4   |
| C81.16 | F81.2  | Q18.6 | Q70.9   |
| C81.17 | F81.81 | Q18.7 | Q71.00  |
| C81.21 | F81.89 | Q18.8 | Q71.01  |
| C81.22 | F81.9  | Q18.9 | Q71.02  |
| C81.23 | F82    | Q20.0 | Q71.03  |
| C81.24 | F84.0  | Q20.1 | Q71.10  |
| C81.25 | F84.2  | Q20.2 | Q71.11  |
| C81.26 | F84.3  | Q20.3 | Q71.12  |
| C81.27 | F84.5  | Q20.4 | Q71.13  |
| C81.28 | F84.8  | Q20.5 | Q71.20  |
| C81.31 | F84.9  | Q20.6 | Q71.21  |
| C81.32 | F88    | Q20.8 | Q71.22  |
| C81.33 | F89    | Q20.9 | Q71.23  |
| C81.34 | F90.0  | Q21.0 | Q71.30  |
| C81.35 | F90.1  | Q21.1 | Q71.31  |
| C81.36 | F90.2  | Q21.2 | Q71.32  |
| C81.37 | F90.8  | Q21.3 | Q71.33  |
| C81.38 | F90.9  | Q21.4 | Q71.40  |
| C81.41 | F91.0  | Q21.8 | Q71.41  |
| C81.42 | F91.1  | Q21.9 | Q71.42  |
| C81.43 | F91.2  | Q22.0 | Q71.43  |
| C81.44 | F91.8  | Q22.1 | Q71.50  |
| C81.45 | F91.9  | Q22.2 | Q71.51  |
| C81.46 | F99    | Q22.3 | Q71.52  |
| C81.47 | G10    | Q22.4 | Q71.53  |
| C81.71 | G11.3  | Q22.5 | Q71.60  |
| C81.72 | G11.8  | Q22.6 | Q71.62  |
| C81.73 | G11.9  | Q22.8 | Q71.63  |
| C81.74 | G25.70 | Q22.9 | Q71.811 |
| C81.75 | G25.71 | Q23.0 | Q71.812 |
| C81.76 | G25.79 | Q23.1 | Q71.813 |
| C81.77 | G25.89 | Q23.2 | Q71.819 |
| C81.78 | G25.9  | Q23.3 | Q71.891 |
| C81.90 | G26    | Q23.4 | Q71.892 |
| C81.91 | G31.81 | Q23.8 | Q71.893 |
| C81.92 | G31.82 | Q23.9 | Q71.899 |
| C81.93 | G31.84 | Q24.0 | Q71.90  |
| C81.94 | G71.0  | Q24.1 | Q71.91  |
| C81.95 | G71.11 | Q24.2 | Q71.92  |
| C81.96 | G71.2  | Q24.3 | Q71.93  |
| C81.97 | G71.3  | Q24.4 | Q72.00  |
| C81.98 | G71.8  | Q24.5 | Q72.01  |
| C81.99 | G71.9  | Q24.6 | Q72.02  |
| C82.00 | G72.0  | Q24.8 | Q72.03  |
| C82.01 | G72.1  | Q24.9 | Q72.10  |
| C82.02 | G72.2  | Q25.0 | Q72.11  |

|        |         |        |         |
|--------|---------|--------|---------|
| C82.03 | G72.81  | Q25.1  | Q72.12  |
| C82.04 | G72.89  | Q25.2  | Q72.13  |
| C82.05 | G72.9   | Q25.3  | Q72.20  |
| C82.06 | G73.7   | Q25.4  | Q72.21  |
| C82.07 | G80.0   | Q25.5  | Q72.22  |
| C82.08 | G80.4   | Q25.6  | Q72.23  |
| C82.09 | G80.8   | Q25.71 | Q72.30  |
| C82.10 | G80.9   | Q25.72 | Q72.31  |
| C82.11 | G83.9   | Q25.79 | Q72.32  |
| C82.12 | G90.1   | Q25.8  | Q72.33  |
| C82.13 | G90.2   | Q25.9  | Q72.40  |
| C82.14 | G90.8   | Q26.0  | Q72.41  |
| C82.15 | G90.9   | Q26.1  | Q72.42  |
| C82.16 | G91.1   | Q26.2  | Q72.43  |
| C82.17 | G91.3   | Q26.3  | Q72.50  |
| C82.18 | G91.8   | Q26.5  | Q72.51  |
| C82.19 | G91.9   | Q26.6  | Q72.52  |
| C82.20 | G93.40  | Q26.8  | Q72.53  |
| C82.21 | G93.41  | Q26.9  | Q72.60  |
| C82.22 | G93.49  | Q27.0  | Q72.61  |
| C82.23 | G94     | Q27.1  | Q72.62  |
| C82.24 | H47.031 | Q27.2  | Q72.63  |
| C82.25 | H47.032 | Q27.30 | Q72.70  |
| C82.26 | H47.033 | Q27.31 | Q72.71  |
| C82.27 | H47.039 | Q27.32 | Q72.72  |
| C82.28 | H90.0   | Q27.33 | Q72.73  |
| C82.29 | H90.2   | Q27.34 | Q72.811 |
| C82.30 | H90.3   | Q27.39 | Q72.812 |
| C82.31 | H90.5   | Q27.4  | Q72.813 |
| C82.32 | H91.01  | Q27.8  | Q72.819 |
| C82.33 | H91.02  | Q27.9  | Q72.891 |
| C82.34 | H91.03  | Q28.0  | Q72.892 |
| C82.35 | H91.09  | Q28.1  | Q72.893 |
| C82.36 | H91.20  | Q28.2  | Q72.899 |
| C82.37 | H91.21  | Q28.3  | Q72.90  |
| C82.38 | H91.22  | Q28.8  | Q72.91  |
| C82.39 | H91.23  | Q28.9  | Q72.92  |
| C82.40 | H91.8X1 | Q30.0  | Q72.93  |
| C82.41 | H91.8X2 | Q30.1  | Q73.0   |
| C82.42 | H91.8X3 | Q30.2  | Q73.1   |
| C82.43 | H91.8X9 | Q30.3  | Q73.8   |
| C82.44 | H91.90  | Q30.8  | Q74.0   |
| C82.45 | H91.91  | Q30.9  | Q74.1   |
| C82.46 | H91.92  | Q31.0  | Q74.2   |
| C82.47 | H91.93  | Q31.1  | Q74.3   |
| C82.48 | H93.25  | Q31.2  | Q74.8   |
| C82.49 | I67.83  | Q31.3  | Q74.9   |
| C82.50 | I71.9   | Q31.5  | Q75.0   |
| C82.51 | I79.0   | Q31.8  | Q75.1   |

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|--------|---------|-------|---------|
| C82.52 | L57.3   | Q31.9 | Q75.2   |
| C82.53 | L81.0   | Q32.0 | Q75.3   |
| C82.54 | L81.1   | Q32.1 | Q75.4   |
| C82.55 | L81.2   | Q32.2 | Q75.5   |
| C82.56 | L81.3   | Q32.3 | Q75.8   |
| C82.57 | L81.4   | Q32.4 | Q75.9   |
| C82.58 | L81.5   | Q33.0 | Q76.0   |
| C82.59 | L81.6   | Q33.1 | Q76.1   |
| C82.60 | L81.7   | Q33.2 | Q76.2   |
| C82.61 | L81.8   | Q33.3 | Q76.3   |
| C82.62 | L81.9   | Q33.4 | Q76.411 |
| C82.63 | M26.00  | Q33.5 | Q76.412 |
| C82.64 | M41.112 | Q33.6 | Q76.413 |
| C82.65 | M41.113 | Q33.8 | Q76.414 |
| C82.66 | M41.114 | Q33.9 | Q76.415 |
| C82.67 | M41.115 | Q34.0 | Q76.419 |
| C82.68 | M41.116 | Q34.1 | Q76.425 |
| C82.69 | M41.117 | Q34.8 | Q76.426 |
| C82.80 | M41.119 | Q34.9 | Q76.427 |
| C82.81 | M41.122 | Q35.1 | Q76.428 |
| C82.82 | M41.123 | Q35.3 | Q76.429 |
| C82.83 | M41.124 | Q35.5 | Q76.49  |
| C82.84 | M41.125 | Q35.7 | Q76.5   |
| C82.85 | M41.126 | Q35.9 | Q76.6   |
| C82.86 | M41.127 | Q36.0 | Q76.7   |
| C82.87 | M41.129 | Q36.1 | Q76.8   |
| C82.88 | M41.20  | Q36.9 | Q76.9   |
| C82.89 | M41.22  | Q37.0 | Q77.0   |
| C82.90 | M41.23  | Q37.1 | Q77.1   |
| C82.91 | M41.24  | Q37.2 | Q77.2   |
| C82.92 | M41.25  | Q37.3 | Q77.3   |
| C82.93 | M41.26  | Q37.4 | Q77.4   |
| C82.94 | M41.27  | Q37.5 | Q77.5   |
| C82.95 | M62.3   | Q37.8 | Q77.6   |
| C82.96 | M62.89  | Q37.9 | Q77.7   |
| C82.97 | N62     | Q38.0 | Q77.8   |
| C82.98 | N91.0   | Q38.1 | Q77.9   |
| C82.99 | N91.1   | Q38.2 | Q78.0   |
| C83.70 | N91.2   | Q38.3 | Q78.1   |
| C83.71 | N94.89  | Q38.4 | Q78.2   |
| C83.72 | N94.9   | Q38.5 | Q78.3   |
| C83.73 | N96     | Q38.6 | Q78.4   |
| C83.74 | O01.0   | Q38.7 | Q78.5   |
| C83.75 | O01.1   | Q38.8 | Q78.6   |
| C83.76 | O01.9   | Q39.0 | Q78.8   |
| C83.77 | O02.0   | Q39.1 | Q78.9   |
| C83.78 | O02.1   | Q39.2 | Q79.0   |
| C83.79 | O02.81  | Q39.3 | Q79.1   |
| C84.90 | O02.89  | Q39.4 | Q79.4   |

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|--------|----------|--------|--------|
| C84.91 | O02.9    | Q39.5  | Q79.51 |
| C84.92 | O03.4    | Q39.6  | Q79.59 |
| C84.93 | O03.9    | Q39.8  | Q79.8  |
| C84.94 | O09.41   | Q39.9  | Q79.9  |
| C84.95 | O09.42   | Q40.0  | Q80.0  |
| C84.96 | O09.43   | Q40.1  | Q80.1  |
| C84.97 | O09.511  | Q40.2  | Q80.2  |
| C84.98 | O09.512  | Q40.3  | Q80.3  |
| C84.99 | O09.513  | Q40.8  | Q80.4  |
| C84.A0 | O09.521  | Q40.9  | Q80.8  |
| C84.A1 | O09.522  | Q41.0  | Q80.9  |
| C84.A2 | O09.523  | Q41.1  | Q81.0  |
| C84.A3 | O09.529  | Q41.2  | Q81.1  |
| C84.A4 | O26.11   | Q41.8  | Q81.2  |
| C84.A5 | O26.12   | Q41.9  | Q81.8  |
| C84.A6 | O26.13   | Q42.0  | Q81.9  |
| C84.A7 | O26.20   | Q42.1  | Q82.0  |
| C84.A8 | O26.21   | Q42.2  | Q82.1  |
| C84.A9 | O26.22   | Q42.3  | Q82.2  |
| C84.Z0 | O26.23   | Q42.8  | Q82.3  |
| C84.Z1 | O26.41   | Q42.9  | Q82.4  |
| C84.Z2 | O26.42   | Q43.0  | Q82.5  |
| C84.Z3 | O26.43   | Q43.1  | Q82.8  |
| C84.Z4 | O26.811  | Q43.2  | Q82.9  |
| C84.Z5 | O26.812  | Q43.3  | Q83.0  |
| C84.Z6 | O26.813  | Q43.4  | Q83.1  |
| C84.Z7 | O26.891  | Q43.5  | Q83.2  |
| C84.Z8 | O26.892  | Q43.6  | Q83.3  |
| C84.Z9 | O26.893  | Q43.7  | Q83.8  |
| C85.10 | O26.91   | Q43.8  | Q83.9  |
| C85.11 | O26.92   | Q43.9  | Q84.0  |
| C85.12 | O26.93   | Q44.0  | Q84.1  |
| C85.13 | O28.0    | Q44.1  | Q84.2  |
| C85.14 | O28.1    | Q44.2  | Q84.3  |
| C85.15 | O28.2    | Q44.3  | Q84.4  |
| C85.16 | O28.3    | Q44.4  | Q84.5  |
| C85.17 | O28.4    | Q44.5  | Q84.6  |
| C85.18 | O28.5    | Q44.5  | Q84.8  |
| C85.19 | O28.6    | Q44.6  | Q84.9  |
| C85.20 | O28.7    | Q44.7  | Q85.01 |
| C85.21 | O28.8    | Q45.0  | Q85.02 |
| C85.22 | O29.9    | Q45.1  | Q85.1  |
| C85.23 | O33.7    | Q45.2  | Q85.8  |
| C85.24 | O35.0xx0 | Q45.3  | Q85.9  |
| C85.25 | O35.0xx9 | Q45.8  | Q86.0  |
| C85.26 | O35.1xx0 | Q45.9  | Q86.1  |
| C85.27 | O35.1xx9 | Q50.01 | Q87.0  |
| C85.28 | O35.2xx0 | Q50.02 | Q87.1  |
| C85.29 | O35.2xx9 | Q50.1  | Q87.2  |

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|--------|----------|---------|---------|
| C85.80 | O35.3xx0 | Q50.2   | Q87.3   |
| C85.81 | O35.3xx9 | Q50.31  | Q87.40  |
| C85.82 | O35.4xx0 | Q50.32  | Q87.410 |
| C85.83 | O35.4xx9 | Q50.39  | Q87.418 |
| C85.84 | O35.5xx0 | Q50.4   | Q87.42  |
| C85.85 | O35.5xx9 | Q50.5   | Q87.43  |
| C85.86 | O35.8xx9 | Q50.6   | Q87.5   |
| C85.87 | O35.9xx0 | Q51.0   | Q87.81  |
| C85.88 | O35.9xx1 | Q51.10  | Q87.89  |
| C85.89 | O35.9xx9 | Q51.11  | Q89.01  |
| C85.90 | O36.4xx0 | Q51.2   | Q89.09  |
| C85.91 | O36.4xx1 | Q51.3   | Q89.1   |
| C85.92 | O36.4xx9 | Q51.4   | Q89.2   |
| C85.93 | O36.5110 | Q51.5   | Q89.3   |
| C85.94 | O36.5111 | Q51.6   | Q89.4   |
| C85.95 | O36.5119 | Q51.7   | Q89.7   |
| C85.96 | O36.5120 | Q51.810 | Q89.8   |
| C85.97 | O36.5121 | Q51.811 | Q89.9   |
| C85.98 | O36.5129 | Q51.818 | Q90.0   |
| C85.99 | O36.5130 | Q51.821 | Q90.1   |
| C86.0  | O36.5131 | Q51.828 | Q90.2   |
| C86.1  | O36.5139 | Q51.9   | Q90.9   |
| C86.2  | O36.5190 | Q52.10  | Q91.0   |
| C86.3  | O36.5191 | Q52.2   | Q91.1   |
| C86.4  | O36.5199 | Q52.3   | Q91.2   |
| C88.2  | O36.5910 | Q52.4   | Q91.3   |
| C88.3  | O36.5911 | Q52.5   | Q91.4   |
| C88.8  | O36.5919 | Q52.6   | Q91.5   |
| C88.9  | O36.5920 | Q52.70  | Q91.6   |
| C90.00 | O36.5921 | Q52.71  | Q91.7   |
| C90.01 | O36.5929 | Q52.79  | Q92.0   |
| C90.02 | O36.5930 | Q52.8   | Q92.1   |
| C90.20 | O36.5931 | Q52.9   | Q92.2   |
| C90.21 | O36.5939 | Q53.00  | Q92.5   |
| C90.30 | O36.5990 | Q53.01  | Q92.61  |
| C90.31 | O36.5991 | Q53.02  | Q92.62  |
| C91.00 | O36.5999 | Q53.10  | Q92.7   |
| C91.01 | O36.60x0 | Q53.11  | Q92.8   |
| C91.02 | O36.60x1 | Q53.12  | Q92.9   |
| C91.10 | O36.60x9 | Q53.20  | Q93.0   |
| C91.11 | O36.61x0 | Q53.21  | Q93.1   |
| C91.12 | O36.61x1 | Q53.22  | Q93.2   |
| C91.90 | O36.61x9 | Q53.9   | Q93.3   |
| C91.91 | O36.62x0 | Q54.0   | Q93.4   |
| C91.92 | O36.62x1 | Q54.1   | Q93.5   |
| C91.Z0 | O36.62x9 | Q54.2   | Q93.7   |
| C91.Z1 | O36.63x0 | Q54.3   | Q93.81  |
| C91.Z2 | O36.63x1 | Q54.4   | Q93.88  |
| C92.00 | O36.63x9 | Q54.8   | Q93.89  |

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|--------|----------|--------|--------|
| C92.01 | O40.1xx0 | Q54.9  | Q93.9  |
| C92.02 | O40.1xx1 | Q55.0  | Q95.0  |
| C92.10 | O40.1xx9 | Q55.1  | Q95.1  |
| C92.11 | O40.2xx0 | Q55.20 | Q95.2  |
| C92.12 | O40.2xx1 | Q55.21 | Q95.3  |
| C92.20 | O40.2xx9 | Q55.22 | Q95.5  |
| C92.21 | O40.3xx0 | Q55.23 | Q95.8  |
| C92.22 | O40.3xx1 | Q55.29 | Q95.9  |
| C92.30 | O40.3xx9 | Q55.3  | Q96.0  |
| C92.31 | O41.01x0 | Q55.4  | Q96.1  |
| C92.40 | O41.01x1 | Q55.5  | Q96.2  |
| C92.41 | O41.01x9 | Q55.61 | Q96.3  |
| C92.42 | O41.02x0 | Q55.62 | Q96.4  |
| C92.50 | O41.02x1 | Q55.63 | Q96.8  |
| C92.51 | O41.02x9 | Q55.64 | Q96.9  |
| C92.52 | O41.03x0 | Q55.69 | Q97.0  |
| C92.60 | O41.03x1 | Q55.7  | Q97.1  |
| C92.61 | O41.03x9 | Q55.8  | Q97.2  |
| C92.62 | O69.89x0 | Q55.9  | Q97.3  |
| C92.90 | O69.89x9 | Q56.0  | Q97.8  |
| C92.91 | O76      | Q56.1  | Q97.9  |
| C92.92 | P00.0    | Q56.2  | Q98.0  |
| C92.A0 | P00.1    | Q56.3  | Q98.1  |
| C92.A1 | P00.2    | Q56.4  | Q98.3  |
| C92.A2 | P00.3    | Q60.0  | Q98.4  |
| C92.Z0 | P00.4    | Q60.1  | Q98.5  |
| C92.Z1 | P00.5    | Q60.2  | Q98.6  |
| C92.Z2 | P00.6    | Q60.3  | Q98.7  |
| C93.00 | P00.7    | Q60.4  | Q98.8  |
| C93.01 | P04.3    | Q60.5  | Q98.9  |
| C93.02 | P04.9    | Q60.6  | Q99.0  |
| C93.10 | P09      | Q61.00 | Q99.1  |
| C93.11 | P29.0    | Q61.01 | Q99.2  |
| C93.12 | P29.12   | Q61.02 | Q99.8  |
| C93.30 | P29.2    | Q61.11 | Q99.9  |
| C93.31 | P29.3    | Q61.19 | R07.0  |
| C93.32 | P29.4    | Q61.2  | R22.0  |
| C93.90 | P29.81   | Q61.3  | R22.1  |
| C93.91 | P29.89   | Q61.4  | R48.0  |
| C93.92 | P29.9    | Q61.5  | R56.9  |
| C93.Z0 | P83.2    | Q61.8  | R62.0  |
| C93.Z1 | P94.1    | Q61.9  | R62.50 |
| C93.Z2 | P94.2    | Q62.0  | R62.51 |
| C94.40 | P94.8    | Q62.10 | R62.52 |
| C94.41 | P94.9    | Q62.11 | R62.59 |
| C94.42 | P95      | Q62.12 | R63.5  |
| C94.6  | P96.0    | Q62.2  | R68.89 |
| C94.80 | P96.3    | Q62.31 | R90.0  |
| C94.81 | P96.5    | Q62.32 | T86.01 |

|        |        |        |         |
|--------|--------|--------|---------|
| C94.82 | P96.89 | Q62.39 | T86.02  |
| C95.00 | P96.9  | Q62.4  | T86.03  |
| C95.01 | Q00.0  | Q62.5  | T86.09  |
| C95.02 | Q00.1  | Q62.60 | T86.830 |
| C95.10 | Q00.2  | Q62.61 | T86.831 |
| C95.11 | Q01.0  | Q62.62 | T86.832 |
| C95.12 | Q01.1  | Q62.63 | T86.838 |
| C95.90 | Q01.2  | Q62.69 | T86.839 |
| C95.91 | Q01.8  | Q62.7  | T86.890 |
| C95.92 | Q01.9  | Q62.8  | T86.891 |
| D18.1  | Q02    | Q63.0  | T86.892 |
| D46.0  | Q03.0  | Q63.1  | T86.898 |
| D46.1  | Q03.1  | Q63.2  | T86.899 |
| D46.20 | Q03.8  | Q63.3  | Z48.290 |
| D46.21 | Q03.9  | Q63.8  | Z80.0   |
| D46.22 | Q04.0  | Q63.9  | Z80.3   |
| D46.4  | Q04.1  | Q64.0  | Z80.41  |
| D46.9  | Q04.2  | Q64.10 | Z80.8   |
| D46.A  | Q04.3  | Q64.11 | Z80.9   |
| D46.B  | Q04.4  | Q64.12 | Z84.89  |
| D46.C  | Q04.5  | Q64.19 | Z94.81  |
| D46.Z  | Q04.6  | Q64.2  | Z94.84  |
| D47.1  | Q04.8  | Q64.31 | Z94.89  |
| D47.2  | Q04.9  | Q64.32 |         |
| D47.3  | Q05.0  | Q64.33 |         |
| D47.9  | Q05.1  | Q64.39 |         |
| D47.Z9 | Q05.2  | Q64.4  |         |
| D58.1  | Q05.3  | Q64.5  |         |
| D61.01 | Q05.4  | Q64.6  |         |
| D61.09 | Q05.5  | Q64.70 |         |
| D61.1  | Q05.6  | Q64.71 |         |
| D61.2  | Q05.7  | Q64.72 |         |
| D61.3  | Q05.8  | Q64.73 |         |
| D61.89 | Q05.9  | Q64.74 |         |
| D61.9  | Q06.0  | Q64.75 |         |
| D63.0  | Q06.1  | Q64.79 |         |
| D64.9  | Q06.2  | Q64.8  |         |
| D66    | Q06.3  | Q64.9  |         |
| D67    | Q06.4  | Q65.00 |         |
| D69.3  | Q06.8  | Q65.01 |         |
| D69.41 | Q06.9  | Q65.02 |         |
| D69.42 | Q07.00 | Q65.1  |         |
| D69.6  | Q07.01 | Q65.2  |         |
| D70.0  | Q07.02 | Q65.30 |         |
| D70.1  | Q07.03 | Q65.31 |         |
| D70.2  | Q07.8  | Q65.32 |         |
| D70.3  | Q07.9  | Q65.4  |         |
| D70.4  | Q10.0  | Q65.5  |         |
| D70.8  | Q10.1  | Q65.6  |         |

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|---------|--------|--------|--|
| D70.9   | Q10.2  | Q65.81 |  |
| D71     | Q10.3  | Q65.82 |  |
| D72.0   | Q10.4  | Q65.89 |  |
| D72.1   | Q10.5  | Q65.9  |  |
| D72.810 | Q10.6  | Q66.0  |  |
| D72.818 | Q10.7  | Q66.1  |  |
| D72.819 | Q11.0  | Q66.2  |  |
| D72.820 | Q11.1  | Q66.3  |  |
| D72.821 | Q11.2  | Q66.4  |  |
| D72.822 | Q11.3  | Q66.50 |  |
| D72.823 | Q12.0  | Q66.51 |  |
| D72.824 | Q12.1  | Q66.52 |  |
| D72.829 | Q12.2  | Q66.6  |  |
| D76.1   | Q12.3  | Q66.7  |  |
| D76.2   | Q12.4  | Q66.80 |  |
| D76.3   | Q12.8  | Q66.81 |  |
| D81.0   | Q12.9  | Q66.82 |  |
| D81.1   | Q13.0  | Q66.89 |  |
| D81.2   | Q13.1  | Q66.9  |  |
| D81.6   | Q13.2  | Q67.0  |  |
| D81.7   | Q13.3  | Q67.1  |  |
| D81.89  | Q13.4  | Q67.2  |  |
| D81.9   | Q13.5  | Q67.3  |  |
| D82.1   | Q13.81 | Q67.4  |  |
| D89.2   | Q13.89 | Q67.5  |  |

**Note:** NCHC exclusions include obstetrics, gynecology, complications of pregnancy, childbirth and the puerperium. The following diagnosis codes **are not covered under NCHC:**

| ICD-10-CM Code(s) |          |          |          |
|-------------------|----------|----------|----------|
| E28.310           | O26.91   | O36.5130 | O40.2XX9 |
| P09               | O26.92   | O36.5131 | O40.3XX0 |
| 040.1XX1          | O26.93   | O36.5139 | O40.3XX1 |
| E28.319           | O28.0    | O36.5190 | O40.3XX9 |
| O0.10             | O28.1    | O36.5191 | O41.01X0 |
| O01.1             | O28.2    | O36.5199 | O41.01X1 |
| O01.9             | O28.3    | O36.5910 | O41.01X9 |
| O02.1             | O28.4    | O36.5911 | O41.02X0 |
| O03.4             | O28.5    | O36.5919 | O41.02X1 |
| O03.9             | O28.8    | O36.5920 | O41.02X9 |
| O09.41            | O28.9    | O36.5921 | O41.03X0 |
| O09.42            | O35.0xx0 | O36.5929 | O41.03X1 |
| O09.43            | O35.0xx9 | O36.5930 | O41.03X9 |
| O09.511           | O35.1xx0 | O36.5931 | O76      |
| O09.512           | O35.1xx9 | O36.5939 | P29.0    |
| O09.513           | O35.2xx0 | O36.5990 | P29.12   |
| O09.521           | O35.2xx9 | O36.5991 | P29.2    |
| O09.522           | O35.3xx0 | O36.5999 | P29.3    |

|         |          |          |        |
|---------|----------|----------|--------|
| O09.523 | O35.3xx9 | O36.60X0 | P29.4  |
| O09.529 | O35.4xx0 | O36.60X1 | P29.81 |
| O26.11  | O35.4xx9 | O36.60X9 | P29.89 |
| O26.12  | O35.5xx0 | O36.61X0 | P29.9  |
| O26.13  | O35.5xx9 | O36.61X1 | P83.2  |
| O26.20  | O35.8xx9 | O36.61X9 | P94.1  |
| O26.21  | O35.9xx0 | O36.62X0 | P94.2  |
| O26.22  | O35.9xx1 | O36.62X1 | P94.8  |
| O26.23  | O35.9xx9 | O36.62X9 | P94.9  |
| O26.41  | O36.4xx0 | O36.63X0 | P95    |
| O26.42  | O36.4xx1 | O36.63X1 | P96.0  |
| O26.43  | O36.4xx9 | O36.63X9 | P96.3  |
| O26.811 | O36.5110 | O40.1XX0 | P96.5  |
| O26.812 | O36.5111 | O40.1XX9 | P96.89 |
| O26.813 | O36.5119 | O40.2XX0 | P96.9  |
| O26.891 | O36.5120 | O40.2XX1 |        |
| O26.892 | O36.5121 |          |        |
| O26.893 | O36.5129 |          |        |

**C. Code(s)**

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

| CPT Code(s) |       |       |
|-------------|-------|-------|
| 88230       | 88262 | 88274 |
| 88233       | 88263 | 88275 |
| 88235       | 88264 | 88280 |
| 88237       | 88267 | 88283 |
| 88239       | 88269 | 88285 |
| 88245       | 88271 | 88289 |
| 88248       | 88272 | 88291 |
| 88261       | 88273 | 96040 |

**Note:** NCHC exclusions include obstetrics, gynecology, complications of pregnancy, childbirth and the puerperium. CPT code 88235 is not covered under NCHC:

Providers shall bill the CPT code with the appropriate Revenue Codes as listed below

| Revenue Code(s) |     |     |
|-----------------|-----|-----|
| 300             | 306 | 311 |
| 301             | 307 | 312 |
| 302             | 309 | 314 |
| 304             | 310 | 319 |
| 305             |     |     |

**Unlisted Procedure or Service**

**CPT:** The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

**HCPCS:** The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service.

**D. Modifiers**

Provider(s) shall follow applicable modifier guidelines.

**E. Billing Units**

Provider(s) shall report the appropriate code(s) used which determines the billing unit(s).

**F. Place of Service**

Inpatient, Outpatient, Office.

**G. Co-payments**

For Medicaid refer to Medicaid State Plan, Attachment 4.18-A, page 1, located at <http://www.ncdhhs.gov/dma/plan/sp.pdf>.

For NCHC refer to G.S. 108A-70.21(d), located at [http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_108A/GS\\_108A-70.21.html](http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_108A/GS_108A-70.21.html)

Cytogenetic Studies (Laboratory services) are not subject to co-payments for Medicaid.

**H. Reimbursement**

Providers shall bill their usual and customary charges.

For a schedule of rates, see: <http://www.ncdhhs.gov/dma/fee/>

**Testing Limitations**

- a. CPT codes, 88245, 88248, 88261, 88262, 88263, 88267, 88269, 88283, 88289, and 88291 are limited to 1 unit each per day.
- b. CPT codes 88230, 88233, and 88239 are limited to 2 units each per day.
- c. CPT code 88271 is limited to 42 units per day.
- d. CPT code 88280 is limited to 5 units per day.
- e. CPT codes 88237 and 88285 are limited to 4 units each per day.

- f. CPT code 88235 is limited to 3 units per conception. (NCHC exclusion see **Attachment A Billing Code (s)**).
- g. CPT code 96040 is limited to 3 units (1 unit = 30 minutes) per day.
- h. CPT codes 88272, 88274 and 88275 are limited to 25 units per day.
- i. CPT code 88264 is limited to 2 units per day.
- j. CPT code 88273 is limited to 3 units per day.