### Local Coverage Article: Bevacizumab (e.g., Avastin™) - Related to LCD L33394 (A52370)

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# **Contractor Information**

Contractor Name	Contract Type	( 
National Government Services, Inc	MAC - Part A	(
National Government Services, Inc	-	(
National Government Services, Inc	-	0
National Government Services, Inc		0
National Government Services, Inc		C
National Government Services, Inc		C
National Government Services, Inc	A and B and HHH	1
National Government Services, Inc	A and B and HHH	1
National Government Services, Inc		1
National Government Services, Inc	A and B and HHH	1
National Government Services, Inc		1
National Government Services, Inc		1
National Government Services, Inc		1
National Government Services, Inc	A and B and HHH - MAC	1
National Government Services, Inc	A and B and HHH -MAC	1
National Government Services, Inc		1
National Government Services, Inc		1
National Government Services, Inc		1
National Government Services, Inc		1
National Government Services, Inc	A and B and HHH -MAC	1
National Government Services, Inc		1
National Government Services, Inc		1
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Contract Number	Jurisdiction	State(s)
06101 - MAC A 06102 - MAC B 06201 - MAC A 06202 - MAC B 06301 - MAC A 06302 - MAC B	J - 06 J - 06 J - 06	Illinois Illinois Minnesota Minnesota Wisconsin Wisconsin
13101 - MAC A	J - K	Connecticut
13102 - MAC B	J - K	Connecticut
13201 - MAC A	J - K	New York - Entire State
13202 - MAC B	J - K	New York - Downstate
13282 - MAC B	J - K	New York - Upstate
13292 - MAC B	J - K	New York - Queens
14111 - MAC A	J - K	Maine
14112 - MAC B	J - K	Maine
14211 - MAC A	J - K	Massachusetts
14212 - MAC B	J - K	Massachusetts
14311 - MAC A	J - K	New Hampshire
14312 - MAC B	J - K	New Hampshire
14411 - MAC A	J - K	Rhode Island
14412 - MAC B	J - K	Rhode Island
14511 - MAC A	J - K	Vermont
14512 - MAC B	J - K	Vermont

# **Article Information**

### **General Information**

Article ID

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Original ICD-9 Article ID A46095

#### Article Title

Bevacizumab (e.g., Avastin<sup>™</sup>) - Related to LCD L33394

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### **Article Guidance**

#### **Article Text:**

This article defines coding and coverage for bevacizumab including on and off-label indications. National Government Services Local Coverage Determination (LCD) "Coverage of Drugs and Biologicals for Label and Off-Label Uses" accessible via www.NGSMedicare.com or www.cms.gov/medicare-coverage-database) provides criteria for coverage of off-label indications based on the American Hospital Formulary Services (AHFS), Clinical Pharmacology, NCCN Drugs and Biologics Compendium, Micromedex DrugDex® and/or Lexi-Drugs compendium. Providers may request approval for additional off-label indications by submitting this request in writing with supporting medical literature.

#### Indications:

#### NON-OPHTHALMOLOGIC INDICATIONS (includes cancer, chemotherapy and other conditions)

Metastatic colorectal cancer

- Used in combination with 5-fluorouracil-based chemotherapy as first-line or second-line therapy.
- For the second-line treatment of patients with metastatic colorectal cancer who have progressed on a firstline Avastin<sup>™</sup>-containing regimen when used in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy.

#### 10/01/2015

## **Revision Effective Date** 11/01/2017

#### **Revision Ending Date** N/A

#### **Retirement Date**

N/A

• Coverage is extended to use in combination with capecitabine (e.g., Xeloda®).

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.
- First-line treatment in combination with cisplatin based or carboplatin-based regimens for recurrent or metastatic non-squamous cell disease.
- Single agent continuation maintenance therapy if given first line with chemotherapy for recurrence or metastatic non-squamous cell disease in patients who achieve tumor response or stable disease following first-line chemotherapy.

Metastatic breast cancer, HER2-negative, as first-line therapy in combination with paclitaxel.

Recurrent anaplastic gliomas and glioblastoma multiforme of brain, as a single agent or in combination with irinotecan, carmustine/lomustine or temozolomide.

Recurrent adult intracranial and spinal ependymoma (excluding subependymoma).

Metastatic renal cell carcinoma:

- in combination with interferon alfa-2b as first-line therapy for predominant clear cell histology;
- as a single-agent systemic therapy for non-clear cell histology; or
- in combination with erlotinib or everolimus for selected patients with advanced papillary renal cell carcinoma including hereditary leiomyomatosis and renal cell cancer (HLRCC).

Ovarian cancer:

- Granulosa cell tumors, when malignant, after clinical relapse in patients with stage II-IV disease;
  - Epithelial ovarian, fallopian tube or primary peritoneal cancer for persistent disease or recurrence:
    - in combination with paclitaxel, pegylated liposomal doxorubicin or topotecan for the treatment of patients with platinum-resistant disease;
    - in combination with carboplatin and paclitaxel or in combination with carboplatin and gemcitabine, followed by Avastin as a single agent for the treatment of patients with platinum-sensitive disease (Effective December 06, 2016 based on (FDA) approval); or
    - a single agent.

Solitary fibrous tumor, hemangiopericytoma and angiosarcoma

Cervical cancer:

- in combination with either a) paclitaxel and cisplatin or b) paclitaxel and topotecan in persistent, recurrent, or metastatic disease; or
- second-line therapy as a single agent for local/regional recurrence or distant metastases.

Uterine neoplasms – endometrial carcinoma

Epistaxis from Osler-Weber-Rendu (hereditary hemorrhagic telangiectasia (HHT)) syndrome

Malignant pleural mesothelioma in combination with pemetrexed and cisplatin followed by single-agent maintenance therapy as:

- treatment of unresectable or medically inoperable clinical stage I-III disease and tumors of epithelial or mixed histology; or
- treatment of clinical stage IV disease or tumors of sarcomatoid histology

Symptomatic post-radiation necrosis of the central nervous system

#### OPHTHALMOLOGIC INDICATIONS

Choroidal retinal neovascularization, secondary to pathologic myopia

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Diabetic macular edema

Macular retinal edema, due to retinal vein occlusion

Neovascular glaucoma

Neovascular (Wet) Age-Related Macular Degeneration (AMD)

Proliferative diabetic retinopathy

#### OPHTHALMOLOGIC LIMITATIONS

If the drug is denied as not reasonable and necessary, the associated injection code will also be denied.

#### **Utilization:**

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

#### **Coding Information:**

Bevacizumab is approved for the treatment of metastatic malignancy. Correct Coding requires the use of the secondary cancer code as the primary diagnosis and the original cancer site as the secondary diagnosis. The secondary cancer sites will not be listed in the drug article, only the appropriate "History of", codes are listed.

#### For claims submitted to the Part B MAC:

#### NON-OPHTHALMOLOGIC INDICATIONS

Bevacizumab should be reported with HCPCS code J9035 (injection, bevacizumab, 10 mg). The number of services should reflect multiples of 10 mg provided.

#### OPHTHALMOLOGIC INDICATIONS

Claims for small dose bevacizumab for treatment of approved ophthalmologic indications, for providers who bill the Part B MAC, should be submitted using HCPCS code J9035 (bill one unit per eye).

HCPCS code C9257 (injection, bevacizumab, 0.25 mg) should be reported for treatment of approved ophthalmologic indications when billed in an ambulatory surgical center setting.

The claim for the intravitreal injection should be coded using CPT code 67028. The appropriate site modifier (RT, LT or 50) must be appended to indicate if the service was performed unilaterally or bilaterally. Claims without a modifier will be returned to the provider unprocessed.

#### For claims submitted to the Part A MAC:

#### NON-OPHTHALMOLOGIC INDICATIONS

Bevacizumab should be reported with HCPCS code J9035 (injection, bevacizumab, 10 mg). The number of services should reflect multiples of 10 mg provided.

#### OPHTHALMOLOGIC INDICATIONS

For providers who bill the Part A MAC, claims for bevacizumab should be reported using HCPCS code C9257 (injection, bevacizumab, 0.25 mg) for treatment of approved ophthalmologic indications.

The claim for the intravitreal injection should be coded using CPT code 67028. The appropriate site modifier (RT, LT or 50) must be appended to indicate if the service was performed unilaterally or bilaterally. Claims without a modifier will be returned to the provider unprocessed.

#### **Sources of Information**

American Society of Health-System Pharmacists, Inc. AHFS Drug Information®. Bethesda, MD:2007.

Avery RL, Pieramici DJ, Rabena MD, Castellarin AA, Nasir MA, Giust MJ. Intravitreal bevacizumab (Avastin) for neovascular age-related macular degeneration. *Ophthalmology*. 2006 Mar;113(3):363-372.

Chan WM, Lai TY, Liu DT, et al. Intravitreal bevacizumab for myopic choroidal neovacsularization: Six-month results of a prospective pilot study. *Ophthalmology*. 2007;114(12):2190-2196.

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Iliev ME, Domig D, Wolfe-Schnurrbursch U, et al. Intravitreal bevacizumab in the treatment of neovascular glaucoma. *Am J Ophthalmol.* 2006;142(6):1054-1056.

Lexi-Drugs Web site. http://online.lexi.com. Accessed 10/10/2017.

Micromedex DrugDex®. http://www.micromedexsolutions.com/home/dispatch. Accessed 10/10/2017.

National Comprehensive Cancer Network Web site. http://www.nccn.org/index.asp. Accessed 10/10/2017.

Spaide RF, Laud K, Fine HF, et al. Intravitreal bevacizumab treatment of choroidal neovascularization secondary to age-related macular degeneration. *Retina*. 2006;26(4):383-90.

U.S. Food and Drug Administration (FDA) Web site. http://www.accessdata.fda.gov/scripts/cder/daf/. Accessed 01/04/2017.

United States Pharmacopoeia (USP), Volume I; Drug Information for the Health Care Professional, 2007.

Yamamoto I, Rogers AH, Reichel E, et al. Intravitreal bevacizumab as treatment for subfoveal choroidal nevovascularisation secondary to pathological myopia. *Br J Ophthalmol.* 2007;91:157-160.

#### Sources added based on a reconsideration request:

Aghajanian C, Sill MW, Darcy KM, et al. Phase II trial of bevacizumab in recurrent or persistent endometrial cancer: a Gynecologic Oncology Group study. *Journal of Clinical Oncology*. 2011;29(16):2259-2265.

Alvarez EA, Brady WE, Walker JL, et al. Phase II trial of bevacizumab and temsirolimus in the treatment of recurrent or persistent endometrial carcinoma: a Gynecologic Oncology Group study. *Gynecol Oncol.* (2013), http://dx.doi.org/10.1016/j.ygyno.2012/12.022.

Reinhardt J, Schott S, Mayer C, Sohn C, Eichbaum M. Long-term remission of an advanced recurrent endometrial cancer in a heavily pretreated patient using a combined regimen with bevacizumab and metronomic cyclophosphamide. *Anti-Cancer Drugs.* 2011;22(8):822-824.

Wright JD, Powell MA, Rader JS, Mutch DG, Gibb RK. Bevacizumab therapy in patients with recurrent uterine neoplasms. *Anticancer Research.* 2007;27:3525-3528.

#### Sources added based on a reconsideration request:

Best SR, Friedman AD, Landau-Zemer T, et al. Safety and dosing of bevacizumab (Avastin) for the treatment of recurrent respiratory papillomatosis. *Annals of Otology, Rhinology & Laryngology.* 2012;121(9):587-593.

Hawasli AH, Rubin JB, Tran DD, et al. Antianglogenic agents for nonmalignant brain tumors. *J Neurol Surg B Skull Base.* June 2013;74(3):136-141.

Puchner MJ, Hans VH, Harati A, Lohmann F, Glass M. Herrlinger U. Bevacizumab-induced regression of anaplastic meningioma. *Anals of Oncology.* December 2010;12(12):2445-2446. doi: 10.1093/annonc/mdq634. Epub 2010 Nov 1.

Lou E, Sumrall AL, Turner S, et al. Bevacizumab therapy for adults with recurrent/progressive memingioma: a retrospective series. *J Neurooncol.* 2012 Aug;109(1):63-70. doi: 10.1007/s11060-012-0861-0. Epub 2012 Apr 26.

Zeitels SM, Barbu AM, Landau-Zemer T et al. Local injection of bevacizumab (Avastin) and angiolytic KTP laser treatment of recurrent respiratory papillomatosis of the vocal folds: a prospective study. *Annals of Otology, Rhinology & Laryngology.* 2011;120(10):627-634.

Zeitels SM, Lopez-Guerra G, Burns JA, Lutch M, Friedman AM, Hillman RE. Microlaryngoscopic and office-based injection of bevacizumab (Avastin) to enhance 532-nm pulsed KTP laser treatment of glottal papillomatosis.

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Annals of Otology, Rhinology & Laryngology. 2009;118(9)Suppl 201:1-24.

#### Sources added for symptomatic post-radiation necrosis of the central nervous system:

Levin VA, Bidaut L, Hou P, et al. Randomized double-blind placebo-controlled trial of bevacizumab therapy for radiation necrosis of the CNS. *Int J Radiat Oncol Biol Phys.* 2011 April 1;79(5):1487-1495.

Boothe D, Young R, Yamada Y, Prager A, Chan T, Beal K. Bevacizumab as a treatment for radiation necrosis of brain metastases post stereotactic radiosurgery. *Neuro-Oncology.* 2013 Sep;15(9):1257-1263.

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# **Coding Information**

#### Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

#### Bill Type Code Bill Type Description

- 011x Hospital Inpatient (Including Medicare Part A)
- 012x Hospital Inpatient (Medicare Part B only)
- 013x Hospital Outpatient
- 085x Critical Access Hospital

#### **Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

#### CPT/HCPCS Codes

#### Group 1 Paragraph:

HCPCS code C9257 should be reported for treatment of approved ophthalmologic indications billed to the Part A MAC.

HCPCS code J9035 (bill one unit per eye) should be reported for the treatment of approved ophthalmologic indications billed to the Part B MAC.

#### Group 1 Codes: Group 1 CPT/HCPCS Code Group 1 CPT/HCPCS Code Description C9257 INJECTION, BEVACIZUMAB, 0.25 MG J9035 INJECTION, BEVACIZUMAB, 10 MG

#### Group 2 Paragraph:

Intravitreal injection code

Group 2 Codes: Group 2 CPT/HCPCS Code 67028

Group 2 CPT/HCPCS Code Description

INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)

## ICD-10 Codes that are Covered Group 1 Paragraph:

HCPCS code J9035 and the ICD-10-CM codes listed below should be reported for non-ophthalmologic indications.

ICD-10-CM code I67.89 should be used to report symptomatic post-radiation necrosis of the central nervous system.

#### Group 1 Codes:

ICD-10 Codes that are covered Information Table

Code	Description
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of 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
C33	Malignant neoplasm of trachea
<u>C34.00 - C34.9</u>	Palignant neoplasm of trachea P2 Malignant neoplasm of unspecified main bronchus - Malignant neoplasm of unspecified part of left bronchus or lung
C38.4	Malignant neoplasm of pleura
C45.0	Mesothelioma of pleura
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of 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
C49.A0	Gastrointestinal stromal tumor, unspecified site
C49.A1	Gastrointestinal stromal tumor of esophagus

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Code	Description
C49.A2	Gastrointestinal stromal tumor of stomach
C49.A3	Gastrointestinal stromal tumor of small intestine
C49.A4	Gastrointestinal stromal tumor of large intestine
C49.A5	Gastrointestinal stromal tumor of rectum
C49.A9	Gastrointestinal stromal tumor of other sites
<u>C50.011 -</u> <u>C50.929</u>	Malignant neoplasm of nipple and areola, right female breast - Malignant neoplasm of unspecified site of unspecified male breast
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
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
	Malignant neoplasm of unspecified fallopian tube - 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 C65.9	Malignant neoplasm of left renal pelvis
C71.0	Malignant neoplasm of unspecified renal pelvis Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified
C72.0	Malignant neoplasm of spinal cord
C72.9	Malignant neoplasm of central nervous system, 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
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
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

#### Group 2 Paragraph:

HCPCS code C9257 and the ICD-10-CM codes listed below should be reported for treatment of approved ophthalmologic indications billed to the Part A MAC.

HCPCS code J9035 (bill one unit per eye) should be reported for treatment of approved ophthalmologic indications billed to the Part B MAC.

#### Group 2 Codes:

ICD-10 Codes that are covered Information Table

Code

#### Description

- E08.311 Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with 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
- E08.3311 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
- E08.3411 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye
- E08.3412 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye
- E08.3413 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral
- E08.3511 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 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular
- 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

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#### Description

- E08.3593 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral
   E09.311 Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with 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
- E09.3311 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
- E09.3411 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
- E09.3511 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
- E09.3512 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
- E09.3513 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
- E09.3521 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
- E09.3522 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
- E09.3523 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
- E09.3531 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
- E09.3532 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
- E09.3533 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
- E09.3541 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
- E09.3542 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
- E09.3543 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
- E09.3551 Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye
- E09.3552 Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye
- E09.3553 Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
- E09.3591 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
- E09.3592 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
- E09.3593 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
- E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with 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
- E10.3311 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

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#### Description

E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with 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
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
	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	detachment and rhedmatodenous retinal detachment, right eve
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
	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
	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
E11.3311	right eye
E11.3312	eye
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with 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	Dilateral
	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E11.3532	

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#### Description

Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye

- E11.3533 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
- E11.3541 Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
- E11.3542 Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
- E11.3543 Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
- E11.3551 Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
- E11.3552 Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
- E11.3553 Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
- E11.3591 Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
- E11.3592 Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
- E11.3593 Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
- E13.311 Other specified diabetes mellitus with unspecified diabetic retinopathy with 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, left eye
- E13.3213 Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
- E13.3311 Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
- E13.3312 Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
- E13.3313 Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
- E13.3411 Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
- $\mathsf{E13.3412}$  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
- E13.3511 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, 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

#### Description

E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left
	eye Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E13.3593	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
	Other vascular disorders of iris and ciliary body, unspecified eye
H34.8110	Central retinal vein occlusion, right eye, with macular edema
H34.8111	Central retinal vein occlusion, right eye, with retinal neovascularization
	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
	Central retinal vein occlusion, left eye, stable
	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
	Tributary (branch) retinal vein occlusion, right eye, with macular edema
	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
H35.051	Retinal neovascularization, unspecified, right eye
H35.052	Retinal neovascularization, unspecified, left eye
H35.053	Retinal neovascularization, unspecified, bilateral
	Retinal neovascularization, unspecified, unspecified eye
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
H35.351	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
H40.89	Other specified glaucoma
H44.2A1	5 7 7 7 7 5 7
H44.2A2	5 7 7
H44.2A3	Degenerative myopia with choroidal neovascularization, bilateral eye

#### ICD-10 Codes that are Not Covered N/A

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# **Revision History Information**

Revision History Date	Revision History Number	Revision History Explanation
11/01/2017	R12	Based on a Part B provider comment, ICD-10-CM codes H44.2A1, H44.2A2 and H44.2A3 have been added effective for dates of service on or after 10/01/2017. An indication for recurrent adult intracranial and spinal ependymoma (excluding subependymoma) has been added to the "NON-OPHTHALMOLOGIC INDICATIONS" section of the article. The indication for glioblastoma multiforme of brain has been revised to add "recurrent anaplastic gliomas" and "as a single agent or in combination
11/01/2017	R11	with irinotecan, carmustine/lomustine or temozolomide." ICD-10-CM code C72.0 has been added to Group 1 effective for dates of service on or after 11/01/2017.
07/15/2017	R10	The Indication for metastatic renal cell carcinoma has been revised to add the following bulleted item:
		<ul> <li>in combination with erlotinib or everolimus for selected patients with advanced papillary renal cell carcinoma including hereditary leiomyomatosis and renal cell cancer (HLRCC)</li> </ul>
07/15/2017	DQ	Based on a provider request, symptomatic post-radiation necrosis of the central nervous system has been added to the "Non-Ophthalmologic Indications" section of the article and ICD-10 code I67.89 has been added to the Group 1 Codes effective for dates of service on or after 07/15/2017. The following statement has been added to the Group 1 Codes paragraph section:
07/15/2017	R9	ICD-10-CM code I67.89 should be used to report symptomatic post- radiation necrosis of the central nervous system
		Additional sources have been added to the "Sources of Information" section of the article. The indication for metastatic renal cell carcinoma has been revised to add the following bulleted items:
		<ul> <li>in combination with interferon alfa-<u>2b as first-line therapy for predominant clear cell histology; or</u></li> <li>as a single-agent systemic therapy for non-clear cell histology</li> </ul>
02/01/2017	R8	The indication for epithelial ovarian, fallopian tube or primary peritoneal cancer for persistent disease or recurrence has been revised to add :
		<ul> <li>in combination with carboplatin and paclitaxel or in combination with carboplatin and gemcitabine, followed by Avastin as a single agent for the treatment of patients with platinum-sensitive disease (Effective December 06, 2016 based on (FDA) approval).</li> </ul>
		ICD-10-CM codes C57.7, C57.8, C57.9 have been added to the Group 1 ICD-10 code list effective for dates of service on or after 02/01/2017. CPT code 67028 has been removed from the CPT/HCPCS Group 1 code list and has been added to the CPT/HCPCS Group 2 code list. An "Ophthalmologic Limitations" section has
01/01/2017	R7	been added which includes the following paragraph: If the drug is denied as not reasonable and necessary, the associated injection code will also be denied.
10/01/2016	R6	The Group 1 and Group 2 Codes have been revised based on the annual ICD-10-CM code update.
10/01/2015	R5	ICD-10-CM code C49.5 has been added to the Group 1 Codes effective for dates of service on or after 10/01/2015.

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Revision History Date	Revision History Number	Revision History Explanation
10/01/2015	R4	The article has been revised to add single agent treatment for persistent or recurrent ovarian cancer. ICD-10-CM code C21.2 has been added to the Group 1 Codes and ICD-10-CM codes H21.1X9, H34.819, H34.839, H35.059, and H35.359 have been added to the Group 2 Codes effective for dates of service on or after 10/01/2015. HCPC codes J3490 and J3590 have been removed from the CPT/HCPCS section of the article. Outdated information has been removed.
10/01/2015	R3	An indication for malignant pleural mesothelioma has been added to the "NON-OPHTHALMOLOGIC INDICATIONS" section of the article. The following ICD-10-CM codes have been added to the Group 1: Codes: C34.00, C34.10, C34.30, C34.80, C34.90, C38.4, C45.0, C49.10, C49.20, C49.3, C50.019, C50.029, C50.119, C50.129, C50.219, C50.229, C50.319, C50.329, C50.419, C50.429, C50.519, C50.529, C50.619, C50.629, C50.819, C50.829, C50.919, C50.929, C56.9, C57.00, C57.10, C57.20, C64.9, C65.9 and Z85.43. The following ICD-10.CM codes have been put into ranges C34.00 – C34.92, C50.011 – C50.929 and C57.00 – C57.22. ICD-9-CM code V10.43 is being added effective for dates of service on or after $07/01/2014$ .
10/01/2015	R2	The following ICD-10 codes have been removed from the Group 1: code list: C21.2, C45.1, C47.0, C47.11, C47.12, C47.21, C47.22, C47.4 and C47.8. The following ICD-10 codes have been added to the Group 1: code list: C53.9, C57.4, C72.9 and D43.2. The place of service guideline for the Part B MAC has been removed. The dosing information has been removed and replaced with the following Utilization guideline: Dose and frequency should be in accordance with the FDA label or recognized compendia (for off-label uses). When services are performed in excess of established parameters, they may be subject to review for medical necessity.
10/01/2015		Updated to include revisions made since April 2014. ICD-10-CM codes C54.9 and I78.0 have been added to the Group 1 Covered ICD-10 Codes.
		cal Coverage Document(s) Article(s) <u>A52855 - Drugs and Biologicals, Coding Article</u>
LCD(S) L333	94 - Drugs i	and Biologicals, Coverage of, for Label and Off-Label Uses

Related National Coverage Document(s) N/A

Statutory Requirements URL(s) N/A

Rules and Regulations URL(s) N/A

CMS Manual Explanations URL(s) N/A

Other URL(s) N/A

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## **Keywords**

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