

ICD-10-CM CODES (problematic tests)

These commonly used ICD-10 diagnosis codes are intended to assist physicians and other authorized ordering parties in providing correct ICD-10 codes as required by Medicare and other insurers. The codes are based on ICD-10-CM 2018, Medicare Regulations and Manuals authorized by the Centers for Medicare and Medicaid Services. The list is not complete – the ICD-10-CM book should be referenced for a complete list of codes. The physician or other authorized ordering party is responsible for providing correct codes that support the medical necessity of each test ordered for the diagnosis and treatment of the individual patient.

ALPHA-FETOPROTEIN - 82105 (NCD)	
ABNORMAL FINDINGS ON IMAGING OF LIVER AND BILARY TRACT	R93.2
ABNORMAL FINDINGS ON IMAGING OF OTHER ABDOMINAL REGIONS	R93.5
ABNORMAL TUMOR MARKERS OTHER	R97.8
ALCOHOLIC CIRRHOSIS OF LIVER W/O ASCITES	K70.30
ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	K70.31
AUTOIMMUNE HEPATITIS	K75.4
BENIGN NEOPLASM OF LIVER	D13.4
CHRONIC HEPATITIS, UNSPEC	K7.9
CHRONIC VIRAL HEAPTITIS B W/O DELTA-AGENT	B18.1
CHRONIC VIRAL HEPATITIS C	F18.2
CIRRHOSIS OF LIVER OTHER	K74.69
CIRRHOSIS OF LIVER, UNSPEC	K74.60
HEMOCHROMATOSIS, UNSPEC	E83.119
HEPATIC FIBROSIS	K74.0
HEREDITARY HEMOCHROMATOSIS	E83.110
LIVER CELL CARCINOMA	C22.0
MALIGNANT NEOPLASM OF LIVER PERSONAL HISTORY OF	Z85.05
MALIGNANT NEOPLASM OF LIVER, NOT SPEC	C22.9
MALIGNANT NEOPLASM OF LIVER, PRIMARY, UNSPEC	C22.8
MALIGNANT NEOPLASM OF UNSPE TESTIS, UNSP DESCENDED OR UNDESCENDED	C62.90
MIXED HYPERLIPIDEMIA	E78.2
PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LIVER	Z85.05
PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY	Z85.43
BASIC METABOLIC PANEL - 80048	
DIABETES MELLITIS, UNSPECIFIED	E11.9
HEART FAILURE, UNSPECIFIED	I50.9
HYPERLIPIDEMIA, UNSPECIFIED	E78.5
HYPERTENSION, ESSENTIAL UNSPECIFIED	I10
HYPONATREMIA	E87.1

ICD-10-CM CODES (problematic tests)

These commonly used ICD-10 diagnosis codes are intended to assist physicians and other authorized ordering parties in providing correct ICD-10 codes as required by Medicare and other insurers. The codes are based on ICD-10-CM 2018, Medicare Regulations and Manuals authorized by the Centers for Medicare and Medicaid Services. The list is not complete – the ICD-10-CM book should be referenced for a complete list of codes. The physician or other authorized ordering party is responsible for providing correct codes that support the medical necessity of each test ordered for the diagnosis and treatment of the individual patient.

HYPOKALEMIA	E87.6
HYPOTHYROIDISM, UNSPECIFIED	E03.9
MIXED HYPERLIPIDEMIA	E78.2
OBESITY, UNSPECIFIED	E66.9
OTHER LONG-TERM CURRENT DRUG THERAPY	Z79.899
OTHER SPECIFIED HYPOTHYROIDISM	E03.8
OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	R79.89
RENAL INSUFFICIENCY ACUTE	N28.9
TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	E11.65
TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	E11.21
TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATIONS	E11.69
TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	E11.9
URINARY TRACT INFECTION (UTI)	N39.0
B-TYPE NATRIURETIC PEPTIC (BNP) 83880 (NCD)	
ACUTE OR CHRONIC DIASTOLIC CONGESTIVE HEART FAILURE	I50.33
ACUTE SYSTOLIC CONGESTIVE HEART FAILURE	I50.21
CHRONIC DIASTOLIC CONGESTIVE HEART FAILURE	I50.32
CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH EXACERATION	J44.1
CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	I50.22
CONGESTIVE HEART FAILURE, UNSPECIFIED	I50.9
DYSPNEA, UNSPECIFIED	R06.00
HEART FAILURE, UNSPECIFIED	I50.9
HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITH HEART FAILURE	I13.0
HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	I11.0
OTHER FORMS OF DYSPNEA	R06.09
SHORTNESS OF BREATH	R06.02
UNSPECIFIED ABNORMALITIES OF BREATHING	R06.9
UNSPECIFIED DIASTOLIC CONGESTIVE HEART FAILURE	I50.31
UNSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE	I50.0
WHEEZING	R06.2
CEA 82378 (NCD)	

ICD-10-CM CODES (problematic tests)

These commonly used ICD-10 diagnosis codes are intended to assist physicians and other authorized ordering parties in providing correct ICD-10 codes as required by Medicare and other insurers. The codes are based on ICD-10-CM 2018, Medicare Regulations and Manuals authorized by the Centers for Medicare and Medicaid Services. The list is not complete – the ICD-10-CM book should be referenced for a complete list of codes. The physician or other authorized ordering party is responsible for providing correct codes that support the medical necessity of each test ordered for the diagnosis and treatment of the individual patient.

ELEVATED CARCINOEMBRYONIC ANTIGEN (CEA)	R97.0
MALIGNANT NEOPLASM OF CECUM	C18.0
MALIGNANT NEOPLASM OF ASCENDING COLON	C18.2
MALIGNANT NEOPLASM OF TRANSVERSE COLON	C18.4
MALIGNANT NEOPLASM OF SIGMOID COLON	C18.7
MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	C18.9
MALIGNANT NEOPLASM OF RECTUM	C20
MALIGNANT NEOPLASM OF UPPER LOBE RIGHT BRONCHUS OR LUNG	C34.11
MALIGNANT NEOPLASM OF UNSPECIFIED SITE RIGHT FEMALE BREAST	C50.911
MALIGNANT NEOPLASM OF UNSPECIFIED SITE LEFT FEMALE BREAST	C50.912
MALIGNANT NEOPLASM OF UNSPECIFIED SITE FEMALE BREAST UNSPECIFIED	C50.919
OTHER ABNORMAL TUMOR MARKER	R97.8
OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	R79.89
PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF LARGE INTESTINE	Z85.038
PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	Z85.3
COMPLETE BLOOD COUNT - CBC (NCD) 85004,85007,85008,85013,85014,85018,85025,85027,85032,85048,85049	
ABNORMAL LEAD LEVEL IN BLOOD	R78.71
ABDOMINAL PAIN UNSPECIFIED	R10.9
ABNORMAL WEIGHT LOSS	R63.4
ANEMIA, IRON DEFICIENCY UNSPECIFIED	D50.9
ANEMIA, NUTRITIONAL UNSPECIFIED	D53.9
ANEMIA, UNSPECIFIED	D64.9
ANTHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA	I25.10
CHRONIC KIDNEY DISEASE STAGE 3 MODERATE	N18.3
DIZZINESS AND GIDDINESS	R42
ENCOUNTER FOR THERAPEUTIC DRUG MONITORING	Z51.81
GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	K21.9
HYPERTENSION, ESSENTIAL UNSPECIFIED	I10
HYPERLIPIDEMIA UNSPECIFIED	E78.5
HYPOTHYROIDISM UNSPECIFIED	E03.9



ICD-10-CM CODES (problematic tests)

These commonly used ICD-10 diagnosis codes are intended to assist physicians and other authorized ordering parties in providing correct ICD-10 codes as required by Medicare and other insurers. The codes are based on ICD-10-CM 2018, Medicare Regulations and Manuals authorized by the Centers for Medicare and Medicaid Services. The list is not complete – the ICD-10-CM book should be referenced for a complete list of codes. The physician or other authorized ordering party is responsible for providing correct codes that support the medical necessity of each test ordered for the diagnosis and treatment of the individual patient.

IMPARIED FASTING GLUCOSE	R73.01
LONG-TERM USE OF ANTICOAGULANTS	Z79.01
LONG-TERM USE OF OTHER MEDS	Z79.899
MIXED HYPERLIPIEDMIA	E78.2
OTHER ABNORMAL GLUCOSE	R73.09
OTHER FATIGUE	R53.83
OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	R79.89
PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	E78.00
SYNCOPE AN COLLASPE	R55.9
TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	E11.65
TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	E11.9
URINARY TRACT INFECTION	N39.0
VITAMIN D DEFICIENCY UNSPECIFIED	E55.9
DIGOXIN - 80162 (NCD)	
ABNORMAL ECG, EKG	R94.31
CARDIAC DYSRHYTHMIAS, UNSPECIFIED	I49.9
CARDIOVASCUAL DISEASE, UNSPECIFIED	I25.10
CHRONIC DIASTOLIC CONGESTIVE HEART FAILURE	I50.32
CHRONIC KIDNEY DISEASE, STAGE 3 MODERATE	N18.3
CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	I50.22
CONGESTIVE HEART FAILURE, UNSPECIFIED	I50.9
ENCOUNTER FOR THERAPEUTIC DRUG MONITORING	Z51.81
FATIGUE	R53.83
HYPERTHYROIDISM, UNSPECIFIED	E03.9
LONG-TERM USE OF ANTICOAGULANTS	Z79.01
LONG-TERM USE OF OTHER MEDS	Z79.899
MALaise	R53.81
OTHER FATIGUE	R53.83
PERMANENT ATRIAL FIBRILLATION	I48.20
RENAL FAILURE, UNSPECIFIED	N19
UNSPECIFIED ATRIAL FIBRILLATION	I48.91

ICD-10-CM CODES (problematic tests)

These commonly used ICD-10 diagnosis codes are intended to assist physicians and other authorized ordering parties in providing correct ICD-10 codes as required by Medicare and other insurers. The codes are based on ICD-10-CM 2018, Medicare Regulations and Manuals authorized by the Centers for Medicare and Medicaid Services. The list is not complete – the ICD-10-CM book should be referenced for a complete list of codes. The physician or other authorized ordering party is responsible for providing correct codes that support the medical necessity of each test ordered for the diagnosis and treatment of the individual patient.

FOLATE - 82746	
ALZHEIMER'S DISEASE UNSPECIFIED	D64.9
ANEMIA, UNSPECIFIED	D64.9
ANEMIA, NUTRITIONAL UNSPECIFIED	D53.9
DEFICIENCY OF OTHER SPECIFIED B GROUP VITAMINS	E53.9
ENCOUNTER FOR THERAPEUTIC DRUG MONITORING	Z51.81
FATIGUE	R53.83
FOLATE DEFICIENCY ANEMIA, UNSPECIFIED	D52.9
HOMOCYSTEINURIA	E72.11
MALAISE	R53.81
MALNUTRITION, NOS	E46
NAUSEA WITH VOMITING	R11.2
OTHER AMNESIA	R41.3
OTHER VITAMIN B12 DEFICIENCY ANEMIAS	D51.8
LONG-TERM USE OF OTHER MEDS	Z79.899
VITAMIN B12 DEFICIENCY ANEMIA DUE TO INTRINSIC FACTOR DEFICIENCY	E51.0
VITAMIN B12 DEFICIENCY ANEMIA UNSPECIFIED	D51.9
GGT - 82977 (NCD)	
ABNORMAL LEVELS OF OTHER SERUM ENZYMES	R74.8
ABNORMAL LIVER ENZYMES	R74.0
DISORDERS OF MAGNESIUM METABOLISM UNSPECIFIED	E83.40
ENCOUNTER FOR AFTERCARE FOLLOWING LIVER TRANSPLANT	Z48.23
FATTY CHANGE OF LIVER NOS	K76.0
HYPOMAGNESEMIA	E83.42
HYPERCALCEMIA	E83.52
LIVER DISEASE UNSPECIFIED	K76.9
LIVER TRANSPLANT STATUS	Z94.4
LONG TERM CURRENT USE OF ANTICOAGULANTS	Z79.01
MALIGNANT NEOPLASM OF PROSTATE	C61
MIXED HYPERLIPIDEMIA	E78.2
OTHER FATIGUE	R53.83



ICD-10-CM CODES (problematic tests)

These commonly used ICD-10 diagnosis codes are intended to assist physicians and other authorized ordering parties in providing correct ICD-10 codes as required by Medicare and other insurers. The codes are based on ICD-10-CM 2018, Medicare Regulations and Manuals authorized by the Centers for Medicare and Medicaid Services. The list is not complete – the ICD-10-CM book should be referenced for a complete list of codes. The physician or other authorized ordering party is responsible for providing correct codes that support the medical necessity of each test ordered for the diagnosis and treatment of the individual patient.

OTHER HYPERLIPIDEMIA	E78.49
OTHER LONG-TERM CURRENT DRUG THERAPY	Z79.899
OTHER SPECIFIED DISEASE OF LIVER	K76.89
PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	E78.00
TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	E11.65
TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	E11.9
UNSPECIFIED CIRRHOSIS OF LIVER	K74.60
GLUCOSE - 82947, 82948, 82962 (NCD)	
ABNORMAL FINDING OF BLOOD CHEMISTRY UNSPECIFIED	R79.9
ABNORMAL WEIGHT LOSS	R63.4
ABNORMAL WEIGHT GAIN	R63.5
CHEST PAIN, UNSPECIFIED	R07.9
COMA, UNSPECIFIED	R40.20
DIZZINESS	R42
ENCOUNTER FOR SCREENING FOR DIABETES MELLITUS	Z13.1
GLUCOSURIA	R81
HYPERGLYCEMIA, UNSPECIFIED	R73.9
HYPOGLYCEMIA, UNSPECIFIED	E16.2
IMPAIRED FASTING GLUCOSE	R73.01
OTHER LONG-TERM CURRENT DRUG THERAPY	Z79.899
MALAISE	R53.81
MALNUTRITION, NOS	E46
MIXED HYPERLIPIDEMIA	E78.2
OTHER FATIGUE	R53.83
OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	R79.89
PREDIABETES	R73.03
PROTENURIA, UNSPECIFIED	R80.9
PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	E78.00
SEIZURES, NOS	R56.9
TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	E11.65
TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	E11.21



ICD-10-CM CODES (problematic tests)

These commonly used ICD-10 diagnosis codes are intended to assist physicians and other authorized ordering parties in providing correct ICD-10 codes as required by Medicare and other insurers. The codes are based on ICD-10-CM 2018, Medicare Regulations and Manuals authorized by the Centers for Medicare and Medicaid Services. The list is not complete – the ICD-10-CM book should be referenced for a complete list of codes. The physician or other authorized ordering party is responsible for providing correct codes that support the medical necessity of each test ordered for the diagnosis and treatment of the individual patient.

TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATIONS	E11.69
TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	E11.9
URINARY TRACT INFECTION (UTI)	N39.0
HCG- 84702 (NCD)	
ENCOUNTER FOR SUPERVISION OF OTHER NORMAL PREGNANCY, UNSPECIFIED TRIMESTER	Z34.80
ENCOUNTER FOR SUPERVISION OF OTHER NORMAL PREGNANCY, FIRST TRIMESTER	Z34.81
MALIGNANT NEOPLASM OF UNSPECIFIED UNDESCENDED TESTIS	C62.00
MALIGNANT NEOPLASM OF UNSPECIFIED DESCENDING TESTIS	C62.10
MALIGNANT NEOPLASM OF DESCENDED RIGHT TESTIS	C62.11
MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	C62.12
MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS	C62.90
NEOPLASM RELATED TO PAIN ACUTE OR CHRONIC	G89.3
OTHER ABNORMAL TUMOR MARKERS	R97.8
OTHER UNSPECIFIED NONINFLAMMATORY DISORDERS OF VAGINA	N89.8
OTHER SPECIFIED CONDITIONS ASSOCIATED WITH FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	N94.89
PELVIC AND PERINEAL PAIN	R10.2
HEMOGLOBIN A1C - 83036 (NCD)	
ABNORMAL FINDING OF BLOOD CHEMISTRY UNSPECIFIED	R79.9
ABNORMAL LEAD LEVEL IN BLOOD	R78.71
DIABETES MELLITIS, UNSPECIFIED	E11.9
HEMOCHROMATOSIS, UNSPECIFIED	E83.119
HYPERGLYCEMIA, UNSPECIFIED	R73.9
HYPOGLYCEMIA, UNSPECIFIED	E16.2
IMPAIRED FASTING GLUCOSE	R73.01
LONG TERM CURRENT USE OF INSULIN	Z79.4
OTHER ABNORMAL GLUCOSE	R73.09
OTHER LONG-TERM CURRENT DRUG THERAPY	Z79.899
OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	R79.89
PREDIABETES	R73.03

ICD-10-CM CODES (problematic tests)

These commonly used ICD-10 diagnosis codes are intended to assist physicians and other authorized ordering parties in providing correct ICD-10 codes as required by Medicare and other insurers. The codes are based on ICD-10-CM 2018, Medicare Regulations and Manuals authorized by the Centers for Medicare and Medicaid Services. The list is not complete – the ICD-10-CM book should be referenced for a complete list of codes. The physician or other authorized ordering party is responsible for providing correct codes that support the medical necessity of each test ordered for the diagnosis and treatment of the individual patient.

TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	E11.65
TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	E11.21
TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATIONS	E11.69
TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	E11.9
HEPATIC FUNCTION - LIVER 80076 (NCD)	
ABNORMAL LEVELS OF OTHER SERUM ENZYMES	R74.8
ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	R94.5
ABDOMINAL PAIN UNSPECIFIED	R10.9
ABNORMAL WEIGHT LOSS	R63.4
ABNORMAL WEIGHT GAIN	R63.5
ABNORMAL LIVER ENZYMES	R74.0
AUTOIMMUNE HEPATITIS	K75.4
CONGESTIVE HEART FAILURE, UNSPECIFIED	I50.9
EDEMA	R60.9
ENCOUNTER FOR THERAPEUTIC DRUG MONITORING	Z51.81
FATTY CHANGE OF LIVER NOS	K76.0
FEVER, UNSPECIFIED	R50.9
HEPATITIS B, ACUTE NOS	B16.9
HEPATITIS C, ACUTE NON	B17.10
LONG-TERM USE OF ANTICOAGULANTS	Z79.01
LONG-TERM USE OF OPIATE ANALGESIC	Z79.891
OTHER FATIGUE	R53.83
OTHER LONG-TERM CURRENT DRUG THERAPY	Z79.899
OTHER SPECIFIED DISEASE OF LIVER	K76.89
MALAISE	R53.81
WEAKNESS	R53.1
HEPATITIS ACUTE PANEL - 80074 (NCD)	
ABDOMINAL PAIN UNSPECIFIED	R10.9
ABNORMAL LIVER ENZYMES	R74.0
ABNORMAL WEIGHT LOSS	R63.4
ACUTE VIRAL HEPATITIS UNSPECIFIED	B17.9

ICD-10-CM CODES (problematic tests)

These commonly used ICD-10 diagnosis codes are intended to assist physicians and other authorized ordering parties in providing correct ICD-10 codes as required by Medicare and other insurers. The codes are based on ICD-10-CM 2018, Medicare Regulations and Manuals authorized by the Centers for Medicare and Medicaid Services. The list is not complete – the ICD-10-CM book should be referenced for a complete list of codes. The physician or other authorized ordering party is responsible for providing correct codes that support the medical necessity of each test ordered for the diagnosis and treatment of the individual patient.

CIRRHOSIS OF LIVER, W/O ALCOHOL NOS	K74.60
CHRONIC VIRAL HEPATITIS C	B18.2
ENCOUNTER FOR OTHER SPECIFIED SPECIAL EXAMINATIONS	Z01.89
FATIGUE	R53.83
GENERALIZED ABDOMINAL PAIN	R10.84
HEPATITIS, UNSPECIFIED	K75.9
INFLAMMATORY LIVER DISEASE, UNSPECIFIED	K75.9
NAUSEA	R11.0
NAUSEA WITH VOMITING	R11.2
OTHER MALAISE	R53.81
VIRAL HEPATITIS, NOS	B19.9
HIV - 86701 (NCD)	
ABNORMAL WEIGHT LOSS	R63.4
ANEMIA, UNSPECIFIED	D64.9
CELLULITIS, UNSPECIFIED SITE	L03.90
DIARRHEA, UNSPECIFIED	R19.7
FEVER, UNSPECIFIED	R50.9
HERPESVIRAL INFECTION OF UROGENITAL SYSTEM, UNSPECIFIED	A60.00
HERPESVIRAL INFECTION UNSPECIFIED	B00.9
HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE	B20
IRON DEFICIENCY ANEMIA, UNSPECIFIED	R50.9
MALNUTRITION, NOS	E46
OTHER FATIGUE	R53.83
OTHER LONG-TERM CURRENT DRUG THERAPY	Z79.899
PREDIABETES	R73.03
VIRAL HEPATITIS, NOS	B19.9
IRON & FERRITIN - 82728, 83540, 83550, 84466 (NCD)	
ABNORMAL FINDINGS BLOOD CHEMISTRY	R79.9
ATRIAL FIBILLATION	I48.91
ANEMIA, IRON DEFICIENCY UNSPECIFIED	D50.9
ANEMIA, NUTRITIONAL UNSPECIFIED	D53.9



ICD-10-CM CODES (problematic tests)

These commonly used ICD-10 diagnosis codes are intended to assist physicians and other authorized ordering parties in providing correct ICD-10 codes as required by Medicare and other insurers. The codes are based on ICD-10-CM 2018, Medicare Regulations and Manuals authorized by the Centers for Medicare and Medicaid Services. The list is not complete – the ICD-10-CM book should be referenced for a complete list of codes. The physician or other authorized ordering party is responsible for providing correct codes that support the medical necessity of each test ordered for the diagnosis and treatment of the individual patient.

ANEMIA, UNSPECIFIED	D64.9
DIABETES MELLITIS, UNSPECIFIED	E11.9
FOLATE DEFICIENCY ANEMIA, UNSPECIFIED	D52.9
HEART FAILURE, UNSPECIFIED	I50.9
IRON DEFICIENCY	E61.1
MALNUTRITION, NOS	E46
OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	R79.89
OTHER VITAMIN B12 DEFICIENCY ANEMIAS	E51.9
RENAL FAILURE, UNSPECIFIED	N19
TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	E11.65
TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	E11.21
TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATIONS	E11.69
TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	E11.9
VIRAL HEPATITIS, NOS	B19.9
LIPID & CHOLESTEROL (NCD)	
80061, 82465, 83700, 83701, 83704, 83718, 83721, 84478	
ABNORMAL FINDING OF BLOOD CHEMISTRY UNSPECIFIED	R79.9
CHRONIC KIDNEY DISEASE, UNSPECIFIED	N18.9
CONGESTIVE HEART FAILURE, UNSPECIFIED	I50.9
CORONARY ATHEROSCLEROSIS	I25.10
DIABETES MELLITIS, UNSPECIFIED	E11.9
ENCOUNTER FOR THERAPEUTIC DRUG MONITORING	Z51.81
HYPERLIPIDEMIA, UNSPECIFIED	E78.5
HYPERTENSION, ESSENTIAL UNSPECIFIED	I10
HYPOTHYROIDISM, UNSPECIFIED	E03.9
MIXED HYPERLIPIDEMIA	E78.2
OBESITY, UNSPECIFIED	E66.9
OTHER LONG-TERM CURRENT DRUG THERAPY	Z79.899
OTHER SPECIFIED HYPOTHYROIDISM	E03.8
OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	R79.89

ICD-10-CM CODES (problematic tests)

These commonly used ICD-10 diagnosis codes are intended to assist physicians and other authorized ordering parties in providing correct ICD-10 codes as required by Medicare and other insurers. The codes are based on ICD-10-CM 2018, Medicare Regulations and Manuals authorized by the Centers for Medicare and Medicaid Services. The list is not complete – the ICD-10-CM book should be referenced for a complete list of codes. The physician or other authorized ordering party is responsible for providing correct codes that support the medical necessity of each test ordered for the diagnosis and treatment of the individual patient.

PURE HYPERGLYCEMIA	E78.1
PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	E78.00
TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	E11.65
TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	E11.21
TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATIONS	E11.69
TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	E11.9
LITHIUM - 80178	
BIPOLAR DISORDER, UNSPECIFIED	F31.9
DEPRESSION	F32.9
OTHER LONG-TERM CURRENT DRUG THERAPY	Z79.899
SCHIZOPHRENIA, UNSPECIFIED	F20.9
MAGNESIUM - 83735	
ABNORMAL BLOOD CHEMISTRY	R79.9
ABNORMAL WEIGHT LOSS	R63.4
ACUTE MI	I21.3
ATRIAL FIBILLATION	I48.91
ENCOUNTER FOR THERAPEUTIC DRUG MONITORING	Z51.81
FATIGUE	R53.83
HYPERPARATHYROIDISM	E21.3
LONG-TERM USE OF INHALED STERIODS	Z79.51
MALAISE	R53.81
MALNUTRITION, NOS	E46
OTHER LONG-TERM CURRENT DRUG THERAPY	Z79.899
SNYCOPE AND COLLAPSE	R55
SEIZURES, NOS	R56.9
TACHYCARDIA, UNSPECIFIED	R00.0
OCCULT BLOOD STOOL - G0328 (NCD)	
ABDOMINAL PAIN UNSPECIFIED	R10.9
ABNORMAL WEIGHT LOSS	R63.4
ANEMIA, UNSPECIFIED	D64.9
DIARRHEA, UNSPECIFIED	R19.7



ICD-10-CM CODES (problematic tests)

These commonly used ICD-10 diagnosis codes are intended to assist physicians and other authorized ordering parties in providing correct ICD-10 codes as required by Medicare and other insurers. The codes are based on ICD-10-CM 2018, Medicare Regulations and Manuals authorized by the Centers for Medicare and Medicaid Services. The list is not complete – the ICD-10-CM book should be referenced for a complete list of codes. The physician or other authorized ordering party is responsible for providing correct codes that support the medical necessity of each test ordered for the diagnosis and treatment of the individual patient.

ENCOUNTER FOR THERAPEUTIC DRUG MONITORING	Z51.81
GI BLEED	K92.2
LONG-TERM USE OF ANTICOAGULANTS	Z79.01
OTHER LONG-TERM CURRENT DRUG THERAPY	Z79.899
PARTIAL THROMBOPLASTIN TIME (PTT) - 85730 (NCD)	
ABNORMAL COAGULATION PROFILE	R79.1
ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS	I82.409
ATRIAL FIBILLATION	I48.91
CHRONIC KIDNEY DISEASE, UNSPECIFIED	N18.9
CHRONIC VIRAL HEPATITIS C	B18.2
COAGULATION DEFECT, UNSPECIFIED	D68.9
ENCOUNTER FOR THERAPEUTIC DRUG MONITORING	Z51.81
FRACTURE, HIP	S72.009A
HEART FAILURE, UNSPECIFIED	I50.9
HEMATURIA, UNSPECIFIED	R31.9
LONG-TERM USE OF ANTICOAGULANTS	Z79.01
OTHER SPECIFIED COAGULATION DEFECTS	D68.8
PAIN IN UNSPECIFIED LIMB	M79.609
SHORTNESS OF BREATH	R06.02
SYNCOPE AND COLLAPSE	R55
THROMBOCYTOPENIA UNSPECIFIED	D69.6
TYPE 2 DIABETES MELLITIUS WITH HYPERGLYCEMIA	E11.65
UNSPECIFIED ABDOMINAL PAIN	R10.9
UNSPECIFIED CIRRHOSIS OF LIVER	K74.60
PROSTATE SPECIFIC ANTIGEN (PSA) - 84153 (NCD)	
ELEVATED PSA	R97.2
HEMATURIA, UNSPECIFIED	R31.9
FEELING OF INCOMPLETE BLADDER EMPTYING	R39.14
FREQUENCY OF URINATION	R39.15
GROSS HEMATURIA	R31.0
HEMATURIA, UNSPECIFIED	R31.9



ICD-10-CM CODES (problematic tests)

These commonly used ICD-10 diagnosis codes are intended to assist physicians and other authorized ordering parties in providing correct ICD-10 codes as required by Medicare and other insurers. The codes are based on ICD-10-CM 2018, Medicare Regulations and Manuals authorized by the Centers for Medicare and Medicaid Services. The list is not complete – the ICD-10-CM book should be referenced for a complete list of codes. The physician or other authorized ordering party is responsible for providing correct codes that support the medical necessity of each test ordered for the diagnosis and treatment of the individual patient.

MALIGNANT NEOPLASM OF PROSTATE	C61
NEOPLASM OF UNCERTAIN BEHAVIOR OF PROSTATE	D40.0
NOCTURIA	R35.1
PERSONAL HISTORY OF PROSTATE CANCER	Z85.46
POOR URINARY STREAM	R39.12
RETENTION OF URINE, UNSPECIFIED	R33.9
RISING PSA FOLLOWING TREATMENT FOR MALIGNANT NEOPLASM	R97.21
SCREENING FOR MALIGNANT NEOPLASM PROSTATE	Z12.5
UNSPECIFIED PROSTATITIS	N41.9
UNSPECIFIED DISORDER OF PROSTATE	N42.9
URINARY FREQUENCY	R35.0
URINARY INCONTINENCE, UNSPECIFIED	R32
PROTHROMBIN TIME (PT) - 85610 (NCD)	
ABNORMAL COAGULATION PROFILE	R79.1
ANEMIA, NUTRITIONAL UNSPECIFIED	D53.9
ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA	I25.10
ATRIAL FIBILLATION, UNSPECIFIED	I48.91
CEREBRAL VASCULAR ACCIDENT (CVA)	I63.50
CEREBROVASCULAR DISEASE	I67.89
CHRONIC ATRIAL FIBRILLATION	I48.20
CHRONIC KIDNEY DISEASE, UNSPECIFIED	N18.9
CIRCULATORY DISEASE UNSPECIFIED	Z86.79
COAGULATION DEFECT, UNSPECIFIED	D68.9
HEART FAILURE, UNSPECIFIED	I50.9
EDEMA	R60.9
ENCOUNTER FOR THERAPEUTIC DRUG MONITORING	Z51.81
HEART VALVE REPLACED BY OTHER MEANS	Z95.2
HEMATURIA, UNSPECIFIED	R31.9
IRON DEFICIENCY ANEMIA, UNSPECIFIED	D50.9
LONG-TERM USE OF ANTICOAGULANTS	Z79.01
OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	I26.99



ICD-10-CM CODES (problematic tests)

These commonly used ICD-10 diagnosis codes are intended to assist physicians and other authorized ordering parties in providing correct ICD-10 codes as required by Medicare and other insurers. The codes are based on ICD-10-CM 2018, Medicare Regulations and Manuals authorized by the Centers for Medicare and Medicaid Services. The list is not complete – the ICD-10-CM book should be referenced for a complete list of codes. The physician or other authorized ordering party is responsible for providing correct codes that support the medical necessity of each test ordered for the diagnosis and treatment of the individual patient.

OTHER PERSISTANT ATRILA FIBRILLATION	I48.19
PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	I73.9
PERSONAL HISTORY OF OTHER VENOUS THROMOSIS AND EMBOLISM	Z86.718
PRESENCE OF PROSTHETIC HEART VALVE	Z96.2
RENAL FAILURE, UNSPECIFIED	N19
SHORTNESS OF BREATH	R06.02
SYNCOPE AND COLLAPSE	R55
THROMBOSIS OF, UNSPECIFIED VEIN	I82.90
UNSPECIFIED ATRIAL FLUTTER	I48.92
SEDIMENTATION RATE (SED RATE) - 85651	
ACUTE PANCREATITIS	K85.9
ANEMIA, UNSPECIFIED	D64.9
ARTERITIS, UNSPECIFIED	I77.6
ARTHROPATHY, UNSPECIFIED	M12.9
CEREBRAL VASCULAR ACCIDENT (CVA)	I63.50
CEREBROVASCULAR DISEASE	I67.89
CHRONIC KIDNEY DISEASE, UNSPECIFIED	N18.9
ELEVATED SED RATE	R70.0
FATIGUE	R53.83
FEVER, UNSPECIFIED	R50.9
HEADACHE	R51
MALAISE	R53.81
MYAIGIA	M79.1
MYOSITIS, UNSPECIFIED	M60.9
OSTEOMYELITIS, UNSPECIFIED	M86.9
OSTEOPOROSIS, UNSPECIFIED	M81.0
RHEUMATOID ARTHRITIS, UNSPECIFIED	M06.9
STREPOTOCOCCAL SEPTICEMIA, UNSPECIFIED	A40.9
SYSTEMIC LUPUS ERYTHEMATOSIS	M32.9
UNSPECIFIED ADVERSE EFFECT OF DRUG, INITIAL ENCOUNTER	T88.7XXA
THEOPHYLLINE - 80198	

ICD-10-CM CODES (problematic tests)

These commonly used ICD-10 diagnosis codes are intended to assist physicians and other authorized ordering parties in providing correct ICD-10 codes as required by Medicare and other insurers. The codes are based on ICD-10-CM 2018, Medicare Regulations and Manuals authorized by the Centers for Medicare and Medicaid Services. The list is not complete – the ICD-10-CM book should be referenced for a complete list of codes. The physician or other authorized ordering party is responsible for providing correct codes that support the medical necessity of each test ordered for the diagnosis and treatment of the individual patient.

ASTHMA, UNSPECIFIED	J45.909
BRONCHITIS ACUTE	J20.9
COPD	J44.9
EMPHYSEMA, UNSPECIFIED	J43.9
OTHER LONG-TERM CURRENT DRUG THERAPY	Z79.899
THYROID TESTING (NCD) 84436, 84439, 84443, 84479	
ABNORMAL RESULTS OF THYROID FUNCTION STUDIES	R94.6
ABNORMAL WEIGHT LOSS	R63.4
ABNORMAL WEIGHT GAIN	R63.5
ALZHEIMER'S DISEASE UNSPECIFIED	G30.9
ANEMIA, UNSPECIFIED	D64.9
ANXIETY, UNSPECIFIED	F41.9
ATRIAL FIBILLATION	I48.91
AUTOIMMUNE THYROIDITIS	E06.3
CONGESTIVE HEART FAILURE, UNSPECIFIED	I50.9
CONSTIPATION, UNSPECIFIED	K59.00
DEMENTIA, UNSPECIFIED	F03.90
DEPRESSION	F32.9
DIABETES MELLITIS, UNSPECIFIED	E11.9
DISORDER OF THYROID, UNSPECIFIED	E07.9
EDEMA	R60.9
FATIGUE	R53.83
FEVER, UNSPECIFIED	R50.9
GOITER, UNSPECIFIED	E04.9
HYPERLIPIDEMIA, UNSPECIFIED	E78.5
HYPERTENSION, ESSENTIAL UNSPECIFIED	I10
HYPERTHYROIDISM, UNSPECIFIED	E05.90
HYPOTHYROIDISM, UNSPECIFIED	E03.9
MALaise	R53.81
MEMORY LOSS	R41.3



ICD-10-CM CODES (problematic tests)

These commonly used ICD-10 diagnosis codes are intended to assist physicians and other authorized ordering parties in providing correct ICD-10 codes as required by Medicare and other insurers. The codes are based on ICD-10-CM 2018, Medicare Regulations and Manuals authorized by the Centers for Medicare and Medicaid Services. The list is not complete – the ICD-10-CM book should be referenced for a complete list of codes. The physician or other authorized ordering party is responsible for providing correct codes that support the medical necessity of each test ordered for the diagnosis and treatment of the individual patient.

NUMBNESS, SKIN	R20.0
PREDIABETES	R73.03
OTHER LONG-TERM CURRENT DRUG THERAPY	Z79.899
OTHER SPECIFIED HYPOTHYROIDISM	E03.8
PALPITATIONS	R00.2
SENILE DEMENTIA, UNCOMPLICATED	F03.90
TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	E11.65
TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	E11.9
TROPONIN - 84484	
ABNORMAL ECG/EKG	R94.31
ACUTE MI, UNSPECIFIED SITE	I21.3
ATRIAL FIBILLATION	I48.91
CHEST PAIN, UNSPECIFIED	R07.9
CONGESTIVE HEART FAILURE, UNSPECIFIED	I50.9
URINALYSIS (UA) 81001 (NCD)	
ABDOMINAL PAIN UNSPECIFIED	R10.9
CHRONIC KIDNEY DISEASE, UNSPECIFIED	N18.9
CONGESTIVE HEART FAILURE, UNSPECIFIED	I50.9
DIABETES MELLITIS, UNSPECIFIED	E11.9
DYSURIA	R30.0
FATIGUE	R53.83
FEVER, UNSPECIFIED	R50.9
HEMATURIA, UNSPECIFIED	R31.9
HYPERTENSION, ESSENTIAL UNSPECIFIED	I10
MALAISE	R53.81
MALIGNANT NEOPLASM OF PROSTATE	C61
NOCTURIA	R35.1
NONSPECIFIC FINDINGS ON EXAM OF URINE	R82.99
OTHER LONG-TERM CURRENT DRUG THERAPY	Z79.899
OTHER SYMPTOMS OF URINARY SYSTEMS	R39.9
RHEUMATOID ARTHRITIS, UNSPECIFIED	M06.9

ICD-10-CM CODES (problematic tests)

These commonly used ICD-10 diagnosis codes are intended to assist physicians and other authorized ordering parties in providing correct ICD-10 codes as required by Medicare and other insurers. The codes are based on ICD-10-CM 2018, Medicare Regulations and Manuals authorized by the Centers for Medicare and Medicaid Services. The list is not complete – the ICD-10-CM book should be referenced for a complete list of codes. The physician or other authorized ordering party is responsible for providing correct codes that support the medical necessity of each test ordered for the diagnosis and treatment of the individual patient.

RENAL INSUFFICIENCY ACUTE	N28.9
RETENTION OF URINE, UNSPECIFIED	R33.9
URINARY FREQUENCY	R35.0
URINARY INCONTINENCE, UNSPECIFIED	R32
URINARY TRACT INFECTION (UTI)	N39.0
URINE CULTURE - 87086, 87088 (NCD)	
ABDOMINAL PAIN UNSPECIFIED	R10.9
ACUTE CYSTITIS WITHOUT HEMATURIA	N30.00
ACUTE CYSTITIS WITH HEMATURIA	N30.01
ALTERED MENTAL STATUS	R41.0
BACKACHE, UNSPECIFIED	R50.9
BACTEREMIA	R78.81
BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMPTOMS	N40.1
DYSURIA	R30.0
FEVER, UNSPECIFIED	R50.9
FREQUENCY OF MICTURITION	R35.0
GROSS HEMATURIA	R31.0
HEMATURIA, UNSPECIFIED	R31.9
MALAISE	R53.81
MEMORY LOSS	R41.3
NOCTURIA	R35.1
NONSPECIFIC FINDINGS ON EXAM OF URINE	R82.99
OTHER ABNORMAL FINDINGS IN URINE	R82.998
OTHER FATIGUE	R53.83
OTHER LONG-TERM CURRENT DRUG THERAPY	Z79.899
PAINFUL MICTURITION UNSPECIFIED	R30.9
PROTEINURIA, UNSPECIFIED	R80.9
SEPTICEMIA, UNSPECIFIED	A41.9
UNSPECIFIED ABNORMAL FINDINGS IN URINE	R82.90
UNSPECIFIED SYMPTOMS & SIGNS INVOLVING THE GENITOURINARY SYSTEM	R39.9
URGENCY OF URINATION	R39.15



ICD-10-CM CODES (problematic tests)

These commonly used ICD-10 diagnosis codes are intended to assist physicians and other authorized ordering parties in providing correct ICD-10 codes as required by Medicare and other insurers. The codes are based on ICD-10-CM 2018, Medicare Regulations and Manuals authorized by the Centers for Medicare and Medicaid Services. The list is not complete – the ICD-10-CM book should be referenced for a complete list of codes. The physician or other authorized ordering party is responsible for providing correct codes that support the medical necessity of each test ordered for the diagnosis and treatment of the individual patient.

URINARY TRACT INFECTION (UTI)	N39.0
VITAMIN B12 - 82607	
ABNORMAL GAIT, UNSPECIFIED	R26.9
ANEMIA, UNSPECIFIED	D64.9
ANEMIA, NUTRITIONAL UNSPECIFIED	D53.9
DEMENTIA, UNSPECIFIED	F03.90
ENCOUNTER FOR THERAPEUTIC DRUG MONITORING	Z51.81
FATIGUE	R53.83
LACK OF COORDINATION, UNSPECIFIED	R27.9
MALAISE	R53.81
MEMORY LOSS	R41.3
NUMBNESS, SKIN	R20.0
OTHER B-COMPLEX DEFICIENCIES	E53.8
OTHER LONG-TERM CURRENT DRUG THERAPY	Z79.899
PERIPHERAL NEUROPATHY, UNSPECIFIED	G62.9
PERNICIOUS ANEMIA	D51.0
VITAMIN B DEFICIENCY, UNSPECIFIED	E53.9
UNSPECIFIED NUTRITIONAL DEFICIENCY	E63.9
VITAMIN D-25 HYDROXY - 82306, 82652 (NCD)	
AGE RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	M81.9
CELIAC DISEASE	K90.0
CHRONIC KIDNEY DISEASE STAGE III	N18.3
CHRONIC KIDNEY DISEASE STAGE IV	N18.4
CHRONIC KIDNEY DISEASE STAGE V	N18.5
CROHN'S DISEASE, UNSPECIFIED WITHOUT COMPLICATIONS	K50.90
DISORDER OF BONE, UNSPECIFIED	M89.9
DISORDER OF PHOSPHORUS METABOLISM UNSPECIFIED	E83.30
END STAGE RENAL DISEASE	N18.6
HYPERPARATHYROIDISM	E20.9
HYPOCALCEMIA	E83.51
HYPERCALCEMIA	E83.52



ICD-10-CM CODES (problematic tests)

These commonly used ICD-10 diagnosis codes are intended to assist physicians and other authorized ordering parties in providing correct ICD-10 codes as required by Medicare and other insurers. The codes are based on ICD-10-CM 2018, Medicare Regulations and Manuals authorized by the Centers for Medicare and Medicaid Services. The list is not complete – the ICD-10-CM book should be referenced for a complete list of codes. The physician or other authorized ordering party is responsible for providing correct codes that support the medical necessity of each test ordered for the diagnosis and treatment of the individual patient.

INTESTINAL MALABSORPTION UNSPECIFIED	K90.9
LIVER DISEASE UNSPECIFIED	K76.9
LONG TERM CURRENT USE OF INSULIN	Z79.4
MORBID OBESITY	E66.01
OTHER LONG-TERM CURRENT DRUG THERAPY	Z79.899
OTHER OBESITY DUE TO EXCESS CALORIES	E66.09
OTHER OSTEOPOROSIS	M81.8
OSTEOPOROSIS, UNSPECIFIED	M81.0
OTHER SEVERE PROTEIN-CALORIE MALNUTRITION	E43
OTHER SPECIFIED DISORDERS OF BONE DENSITY AND STRUCTURE MULTIPLE SITES	M85.80
OTHER OBESITY	E66.8
PRIMARY HYPERPARATHYROIDISM	E21.0
PSORIASIS, UNSPECIFIED	L40.9
SECONDARY HYPERPARATHYROIDISM, NOS	E21.1
VITAMIN D DEFICIENCY, UNSPECIFIED	E55.9