

ICD-10 Code Reference Guide

Q: What is an ICD-10 code?

A: An ICD-10 code is a diagnostic code used to describe a patient's medical condition. ICD-10 code(s) must support medical necessity of the test ordered and be consistent with documentation in the patient's medical record.

Q: What happens if I don't provide an ICD-10 code?

A: An ICD-10 code is required on all test requisitions. Missing information may result in delays in service. Providing ICD-10 codes up-front will help prevent the need for additional calls and correspondence to your office.

For Breast Cancer IndexSM, we have included a list of covered diagnosis codes from the Palmetto (Medicare) Local Coverage Determination policy. The ICD-10 codes are provided as a guide to help the ordering physician determine if the test is reimbursable by Medicare based on the patient's medical condition.

ICD-9 Code	Description	ICD-10 Code		
		Right Breast	Left Breast	Unspecified
174.0	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF FEMALE BREAST	C50.011	C50.012	C50.019
174.1	MALIGNANT NEOPLASM OF CENTRAL PORTION OF FEMALE BREAST	C50.111	C50.112	C50.119
174.2	MALIGNANT NEOPLASM OF OF UPPER- INNER QUADRANT OF FEMALE BREAST	C50.211	C50.212	C50.219
174.3	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF FEMALE BREAST	C50.311	C50.312	C50.319
174.4	MALIGNANT NEOPLASM OF UPPER- OUTER QUADRANT OF FEMALE BREAST	C50.411	C50.412	C50.419
174.5	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF FEMALE BREAST	C50.511	C50.512	C50.519
174.6	MALIGNANT NEOPLASM OF AXILLARY TAIL OF FEMALE BREAST	C50.611	C50.612	C50.619
174.8	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF FEMALE BREAST	C50.811	C50.812	C50.819
174.9	MALIGNANT NEOPLASM OF BREAST (FEMALE) UNSPECIFIED SITE	C50.911	C50.912	C50.919
V86.0	ESTROGEN RECEPTOR POSITIVE STATUS [ER+]	Z17.0		

These diagnosis codes are provided as an aid to the ordering physician to help determine when a Medicare ABN (Advance Beneficiary Notice) may be necessary for Breast Cancer Index testing. An ABN is given to beneficiaries if Medicare is not likely to provide coverage in a specific case. The notice must be provided prior to performing the service.

bioTheranostics, Inc. does not recommend diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff.