

# Local Coverage Article: Billing and Coding: Ultrasound, Soft Tissues of Head and Neck (A57029)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
First Coast Service Options, Inc.	A and B MAC	09101 - MAC A	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09201 - MAC A	J - N	Puerto Rico Virgin Islands
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

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## Article Information

### General Information

**Article ID**

A57029

**Original Effective Date**

10/03/2018

**Article Title**

Billing and Coding: Ultrasound, Soft Tissues of Head and Neck

**Revision Effective Date**

N/A

**Article Type**

Billing and Coding

**Revision Ending Date**

N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

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**Retirement Date**

N/A

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## **CMS National Coverage Policy**

N/A

## **Article Guidance**

### **Article Text:**

This First Coast Billing and Coding Article for Local Coverage Determination (LCD) L34027 Ultrasound, Soft Tissues of Head and Neck provides billing and coding guidance for diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in the LCD, the general requirements for medical necessity as stated in CMS payment policy manuals, any and all existing CMS national coverage determinations, and all Medicare payment rules.

Refer to the LCD for reasonable and necessary requirements and limitations.

The redetermination process may be utilized for consideration of services performed outside of the reasonable and necessary requirements in the LCD.

### **Coding Guidelines**

**Notice:** It is not appropriate to bill Medicare for services that are not covered (as described by the entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

### **Documentation Requirements**

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.

2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.

### Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

Compliance with the provisions in LCD (L34027 Ultrasound, Soft Tissues of Head and Neck) may be monitored and addressed through post payment data analysis and subsequent medical review audits.

## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

CODE	DESCRIPTION
76536	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), REAL TIME WITH IMAGE DOCUMENTATION

### CPT/HCPCS Modifiers

N/A

### ICD-10 Codes that Support Medical Necessity

#### Group 1 Paragraph:

The following ICD-10-CM codes support medical necessity and provide limited coverage for CPT/HCPCS codes:  
76536

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

#### Group 1 Codes:

ICD-10 CODE	DESCRIPTION
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck

ICD-10 CODE	DESCRIPTION
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C73	Malignant neoplasm of thyroid gland
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland
C74.01	Malignant neoplasm of cortex of right adrenal gland
C74.02	Malignant neoplasm of cortex of left adrenal gland
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland
C74.91	Malignant neoplasm of unspecified part of right adrenal gland
C74.92	Malignant neoplasm of unspecified part of left adrenal gland
C75.0	Malignant neoplasm of parathyroid gland
C75.4	Malignant neoplasm of carotid body
C76.0	Malignant neoplasm of head, face and neck
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
D09.3	Carcinoma in situ of thyroid and other endocrine glands
D09.8	Carcinoma in situ of other specified sites
D21.0	Benign neoplasm of connective and other soft tissue of head, face and neck
D34	Benign neoplasm of thyroid gland
D35.1	Benign neoplasm of parathyroid gland
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system
E01.0	Iodine-deficiency related diffuse (endemic) goiter

ICD-10 CODE	DESCRIPTION
E01.1	Iodine-deficiency related multinodular (endemic) goiter
E01.2	Iodine-deficiency related (endemic) goiter, unspecified
E03.4	Atrophy of thyroid (acquired)
E04.0	Nontoxic diffuse goiter
E04.1	Nontoxic single thyroid nodule
E04.2	Nontoxic multinodular goiter
E04.8	Other specified nontoxic goiter
E04.9	Nontoxic goiter, unspecified
E05.00	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm
E05.01	Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm
E05.10	Thyrotoxicosis with toxic single thyroid nodule without thyrotoxic crisis or storm
E05.11	Thyrotoxicosis with toxic single thyroid nodule with thyrotoxic crisis or storm
E05.20	Thyrotoxicosis with toxic multinodular goiter without thyrotoxic crisis or storm
E05.21	Thyrotoxicosis with toxic multinodular goiter with thyrotoxic crisis or storm
E05.30	Thyrotoxicosis from ectopic thyroid tissue without thyrotoxic crisis or storm
E05.31	Thyrotoxicosis from ectopic thyroid tissue with thyrotoxic crisis or storm
E05.40	Thyrotoxicosis factitia without thyrotoxic crisis or storm
E05.41	Thyrotoxicosis factitia with thyrotoxic crisis or storm
E05.80	Other thyrotoxicosis without thyrotoxic crisis or storm
E05.81	Other thyrotoxicosis with thyrotoxic crisis or storm
E05.90	Thyrotoxicosis, unspecified without thyrotoxic crisis or storm
E05.91	Thyrotoxicosis, unspecified with thyrotoxic crisis or storm
E06.0	Acute thyroiditis
E06.1	Subacute thyroiditis
E06.9	Thyroiditis, unspecified
E07.0	Hypersecretion of calcitonin
E07.1	Dyshormogenetic goiter
E07.89	Other specified disorders of thyroid
E07.9	Disorder of thyroid, unspecified
E21.4	Other specified disorders of parathyroid gland
E35	Disorders of endocrine glands in diseases classified elsewhere
K12.2	Cellulitis and abscess of mouth

ICD-10 CODE	DESCRIPTION
L02.01	Cutaneous abscess of face
L02.11	Cutaneous abscess of neck
L03.211	Cellulitis of face
L03.212	Acute lymphangitis of face
L03.213	Periorbital cellulitis
L03.221	Cellulitis of neck
L03.222	Acute lymphangitis of neck
Q89.2	Congenital malformations of other endocrine glands
R22.0	Localized swelling, mass and lump, head
R22.1	Localized swelling, mass and lump, neck
R59.0	Localized enlarged lymph nodes
R59.1	Generalized enlarged lymph nodes
R59.9	Enlarged lymph nodes, unspecified
R90.0	Intracranial space-occupying lesion found on diagnostic imaging of central nervous system
R94.6	Abnormal results of thyroid function studies
Z85.850	Personal history of malignant neoplasm of thyroid
Z92.3	Personal history of irradiation

### ICD-10 Codes that DO NOT Support Medical Necessity

#### Group 1 Paragraph:

All those not listed under the "ICD-10 Codes that Support Medical Necessity" section of this article.

#### Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

### Additional ICD-10 Information

N/A

### 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 policy does not apply to that Bill Type. Complete absence of all

Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

#### 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 policy, 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 policy should be assumed to apply equally to all Revenue Codes.

CODE	DESCRIPTION
99999	Not Applicable

#### Other Coding Information

N/A

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## Revision History Information

N/A

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## Associated Documents

#### Related Local Coverage Document(s)

LCD(s)

L34027 - Ultrasound, Soft Tissues of Head and Neck

#### 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

**Public Version(s)**

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**Keywords**

N/A