

**FIRST COAST SERVICE OPTIONS  
FLORIDA MEDICARE PART B  
LOCAL COVERAGE DETERMINATION**

**CPT/HCPCS Codes**

76536 Ultrasound, soft tissues of head and neck (e.g., thyroid, parathyroid, parotid), B-scan and/or real time with image documentation

**LCD Number**

76536

**LCD Database ID Number**

L13868

**Contractor Name**

First Coast Service Options, Inc.

**Contractor Number**

00590

**Contractor Type**

Carrier

**LCD Title**

Ultrasound, Soft Tissues of Head and Neck

**AMA CPT Copyright Statement**

CPT codes, descriptions, and other data only are copyright 2003 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Clauses Apply.

**CMS National Coverage Policy**

Coverage Issues Manual, Section 50-7

Program Memorandum B-01-28

**Primary Geographic Jurisdiction**

Florida

**Secondary Geographic Jurisdiction**

N/A

**CMS Region**

Region IV

**CMS Consortium**

Southern

**Original Determination Effective Date**

09/29/2003

**Original Determination Ending Date**

N/A

**Revision Effective Date**

06/01/2004

**Revision Ending Date**

05/31/2004

**Indications and Limitations of Coverage and/or Medical Necessity**

Florida Medicare will consider ultrasound of the head and neck medically reasonable and necessary when used for the following indications:

- Evaluation of abnormalities in the tissues and/or organs of the head and neck (i.e., palpable masses)
- Evaluation of abnormalities detected on other imaging examinations (i.e., areas of abnormal uptake seen on radioisotope thyroid examinations)
- Personal or family history of thyroid malignancies
- Evaluation of suspected regional nodal metastases in patients with a proven thyroid carcinoma
- Follow-up of lesion/nodule (i.e., after medical suppression therapy)
- Localization of thyroid/parathyroid glands or cervical lymph nodes for biopsy, ablation, or other interventional procedures

**Coverage Topic**

Diagnostic Tests and X-Rays

**CPT/HCPCS Codes**

76536 Ultrasound, soft tissues of head and neck (e.g., thyroid, parathyroid, parotid), B-scan and/or real time with image documentation

#### **ICD-9 Codes that Support Medical Necessity**

171.0	Malignant neoplasm of connective and other soft tissue of head, face, and neck
193	Malignant neoplasm of thyroid gland
194.0	Malignant neoplasm of adrenal gland
194.1	Malignant neoplasm of parathyroid gland
194.5	Malignant neoplasm of carotid body
195.0	Malignant neoplasm of other and ill-defined sites of head, face, and neck
196.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face, and neck
200.01	Reticulosarcoma of lymph nodes of head, face, and neck
200.11	Lymphosarcoma of lymph nodes of head, face, and neck
215.0	Other benign neoplasm of connective and other soft tissue of head, face, and neck
226	Benign neoplasm of thyroid glands
227.1	Benign neoplasm of parathyroid gland
234.8	Carcinoma in situ of other specified sites
239.7	Neoplasms of unspecified nature, endocrine glands and other parts of nervous system
240.0-240.9	Simple and unspecified goiter
241.0-241.9	Nontoxic nodular goiter
242.00-242.91	Thyrotoxicosis with or without goiter
245.0	Acute thyroiditis
245.1	Subacute thyroiditis
245.9	Thyroiditis, unspecified
246.0-246.9	Other disorders of thyroid
252.8	Other specified disorders of parathyroid gland
682.0	Other cellulitis and abscess of face
682.1	Other cellulitis and abscess of neck
759.2	Anomalies of other endocrine glands
784.2	Swelling, mass, or lump in head and neck
785.6	Enlargement of lymph nodes
794.5	Nonspecific abnormal results of thyroid function studies
V10.87	Personal history of malignant neoplasm of thyroid
V15.3	Irradiation (Previous exposure to therapeutic or other ionizing radiation)

#### **Diagnoses that Support Medical Necessity**

N/A

#### **ICD-9 Codes that DO NOT Support Medical Necessity**

N/A

## **Diagnoses that DO NOT Support Medical Necessity**

N/A

## **Documentation Requirements**

Medical record documentation maintained by the ordering/referring physician must indicate the medical necessity for the ultrasound of the head and neck covered by the Medicare program. The procedure results/report must be included in the patient's medical record.

If the provider of the ultrasound of the head and neck is other than the ordering/referring physician, the provider of the service must maintain hard copy documentation of the procedure results/report along with copies of the ordering/referring physician's order for the procedure.

## **Utilization Guidelines**

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

## **Sources of Information and Basis for Decision**

Mosby's Diagnostic and Laboratory Test Reference - 2nd Edition. Source used to define the procedure.

Taber's Cyclopedic Medical Dictionary. Source used to define diagnoses.

Marqusee, E., Benson, C., *et al* (2000). How useful is ultrasonography in the management of thyroid nodules. *Annals of Internal Medicine*; 133: 696-700. Source used to define indications for thyroid ultrasound.

## **Advisory Committee Notes**

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from numerous societies.

Carrier Advisory Committee Meeting held on December 7, 2002.

## **Start Date of Comment Period**

N/A

## **End Date of Comment Period**

N/A

## **Start Date of Notice Period**

08/01/2004

## **Revision History**

Revision Number:	1	PCR B2004-092
Start Date of Comment Period	N/A	
Start Date of Notice Period	08/01/2004	4 <sup>th</sup> Quarter 2004 Update
Revised Effective Date:	06/01/2004	

Explanation of Revision: Policy converted into LCD format. Under the “ICD-9 Codes that Support Medical Necessity” section of the policy, ICD-9 code V15.3 was added as a result of a request for reconsideration. Diagnostic Tests and X-Rays was entered under the “Coverage Topic” section. Effective date of policy revision is based on process date.

Revision Number:	Original	PCR B2003-207
Start Date of Comment Period	11/29/2002	
Start Date of Notice Period	08/01/2003	4 <sup>th</sup> Quarter 2003 Update
Original Effective Date:	09/29/2003	

**Related Documents**

**LCD Attachments**

Document formatted: 04/29/2004 (DA/sh)