

Sedimentation Rate, Erythrocyte

CPT: 85651, 85652

CMS Policy for Florida, Puerto Rico, and U.S. Virgin Islands

Local policies are determined by the performing test location. This is determined by the state in which your performing laboratory resides and where your testing is commonly performed.

Medically Supportive
ICD Codes are listed
on subsequent page(s)
of this document.

Coverage Indications, Limitations, and/or Medical Necessity

The erythrocyte sedimentation rate (ESR) is a sensitive but nonspecific test that is frequently the earliest indicator of disease when other chemical or physical signs are normal. It is most often used as a gauge for determining the progress and detection of an inflammatory disorder caused by infection, autoimmune mechanisms, or connective tissue disease.

An ESR will be considered medically reasonable and necessary for one of the following conditions:

- Aiding in the diagnosis of temporal arteritis (giant cell arteritis) and polymyalgia rheumatic
- Monitoring disease activity in temporal arteritis and polymyalgia rheumatica for the principal indication of adjusting the dosage of corticosteroids
- Monitoring patients with treated Hodgkin's disease
- Monitoring patients with autoimmune diseases, inflammatory disorders caused by infection, or connective tissue diseases

Visit [QuestDiagnostics.com/MLCP](https://www.questdiagnostics.com/MLCP) to view current limited coverage tests, reference guides, and policy information.

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference www.cms.gov ►

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There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**

***Note—Bolded diagnoses below have the highest utilization**

Code	Description
D64.9	Anemia, unspecified
I77.6	Arteritis, unspecified
L40.50	Arthropathic psoriasis, unspecified
L40.59	Other psoriatic arthropathy
M05.79	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement
M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites
M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified
M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites
M06.4	Inflammatory polyarthropathy
M06.9	Rheumatoid arthritis, unspecified
M13.0	Polyarthritits, unspecified
M25.50	Pain in unspecified joint
M31.6	Other giant cell arteritis
M32.9	Systemic lupus erythematosus, unspecified
M35.3	Polymyalgia rheumatica
M35.9	Systemic involvement of connective tissue, unspecified
M79.1	Myalgia
M79.7	Fibromyalgia
R63.4	Abnormal weight loss

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Last updated: 10/2022

Disclaimer:

This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Quest Diagnostics does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

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