



190.20 - Blood Glucose Testing

Description

This policy is intended to apply to blood samples used to determine glucose levels. Blood glucose determination may be done using whole blood, serum or plasma. It may be sampled by capillary puncture, as in the fingerstick method, or by vein puncture or arterial sampling. The method for assay may be by color comparison of an indicator stick, by meter assay of whole blood or a filtrate of whole blood, using a device approved for home monitoring, or by using a laboratory assay system using serum or plasma. The convenience of the meter or stick color method allows a patient to have access to blood glucose values in less than a minute or so and has become a standard of care for control of blood glucose, even in the inpatient setting.

HCPCS Codes (Alphanumeric, CPT® AMA)

| Code | Description |
|-------|--|
| 82947 | Glucose; quantitative, blood (except reagent strip) |
| 82948 | Glucose; blood, reagent strip |
| 82962 | Glucose, blood by glucose monitoring device cleared by FDA for home use. |

ICD-10-CM Codes Covered by Medicare Program

The ICD-10-CM codes in the table below can be viewed on CMS' website as part of Downloads: Lab Code List, at
<http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10.html>

| Code | Description |
|--------|---|
| A15.0 | Tuberculosis of lung |
| A15.5 | Tuberculosis of larynx, trachea and bronchus |
| A22.1 | Pulmonary anthrax |
| A37.01 | Whooping cough due to Bordetella pertussis with pneumonia |
| A37.11 | Whooping cough due to Bordetella parapertussis with pneumonia |
| A37.81 | Whooping cough due to other Bordetella species with pneumonia |
| A37.91 | Whooping cough, unspecified species with pneumonia |
| A40.0 | Sepsis due to streptococcus, group A |
| A40.1 | Sepsis due to streptococcus, group B |
| A40.3 | Sepsis due to Streptococcus pneumoniae |
| A40.8 | Other streptococcal sepsis |



**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|--------|---|
| A40.9 | Streptococcal sepsis, unspecified |
| A41.01 | Sepsis due to Methicillin susceptible Staphylococcus aureus |
| A41.02 | Sepsis due to Methicillin resistant Staphylococcus aureus |
| A41.1 | Sepsis due to other specified staphylococcus |
| A41.2 | Sepsis due to unspecified staphylococcus |
| A41.3 | Sepsis due to Hemophilus influenzae |
| A41.4 | Sepsis due to anaerobes |
| A41.50 | Gram-negative sepsis, unspecified |
| A41.51 | Sepsis due to Escherichia coli [E. coli] |
| A41.52 | Sepsis due to Pseudomonas |
| A41.53 | Sepsis due to Serratia |
| A41.59 | Other Gram-negative sepsis |
| A41.81 | Sepsis due to Enterococcus |
| A41.89 | Other specified sepsis |
| A41.9 | Sepsis, unspecified organism |
| A42.7 | Actinomycotic sepsis |
| A48.1 | Legionnaires' disease |
| B25.0 | Cytomegaloviral pneumonitis |
| B25.2 | Cytomegaloviral pancreatitis |
| B37.2 | Candidiasis of skin and nail |
| B37.3 | Candidiasis of vulva and vagina |
| B44.0 | Invasive pulmonary aspergillosis |
| B48.8 | Other specified mycoses |
| B77.81 | Ascariasis pneumonia |
| B78.1 | Cutaneous strongyloidiasis |
| C25.4 | Malignant neoplasm of endocrine pancreas |
| C48.0 | Malignant neoplasm of retroperitoneum |
| D13.7 | Benign neoplasm of endocrine pancreas |



**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|----------|---|
| E03.5 | Myxedema coma |
| 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 |
| E08.00 | Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC) |
| E08.01 | Diabetes mellitus due to underlying condition with hyperosmolarity with coma |
| E08.10 | Diabetes mellitus due to underlying condition with ketoacidosis without coma |
| E08.11 | Diabetes mellitus due to underlying condition with ketoacidosis with coma |
| E08.21 | Diabetes mellitus due to underlying condition with diabetic nephropathy |
| E08.22 | Diabetes mellitus due to underlying condition with diabetic chronic kidney disease |
| E08.29 | Diabetes mellitus due to underlying condition with other diabetic kidney complication |
| E08.311 | Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema |
| E08.319 | Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema |
| E08.3211 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|----------|--|
| E08.3212 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye |
| E08.3213 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral |
| E08.3219 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E08.3291 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye |
| E08.3292 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye |
| E08.3293 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral |
| E08.3299 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E08.3311 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye |
| E08.3312 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye |
| E08.3313 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral |
| E08.3319 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E08.3391 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye |
| E08.3392 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye |
| E08.3393 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral |
| E08.3399 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E08.3411 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye |
| E08.3412 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye |

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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|----------|--|
| E08.3413 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral |
| E08.3419 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E08.3491 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye |
| E08.3492 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye |
| E08.3493 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral |
| E08.3499 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E08.3511 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye |
| E08.3512 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye |
| E08.3513 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral |
| E08.3519 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye |
| E08.3521 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye |
| E08.3522 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye |
| E08.3523 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral |
| E08.3529 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye |
| E08.3531 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye |
| E08.3532 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye |
| E08.3533 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral |

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**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|----------|--|
| E08.3539 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye |
| E08.3541 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye |
| E08.3542 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye |
| E08.3543 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral |
| E08.3549 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye |
| E08.3551 | Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye |
| E08.3552 | Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye |
| E08.3553 | Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral |
| E08.3559 | Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye |
| E08.3591 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye |
| E08.3592 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye |
| E08.3593 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral |
| E08.3599 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye |
| E08.36 | Diabetes mellitus due to underlying condition with diabetic cataract |
| E08.37X1 | Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye |



**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|----------|--|
| E08.37X2 | Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye |
| E08.37X3 | Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral |
| E08.37X9 | Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, unspecified eye |
| E08.39 | Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication |
| E08.40 | Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified |
| E08.41 | Diabetes mellitus due to underlying condition with diabetic mononeuropathy |
| E08.42 | Diabetes mellitus due to underlying condition with diabetic polyneuropathy |
| E08.43 | Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy |
| E08.44 | Diabetes mellitus due to underlying condition with diabetic amyotrophy |
| E08.49 | Diabetes mellitus due to underlying condition with other diabetic neurological complication |
| E08.51 | Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene |
| E08.52 | Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene |
| E08.59 | Diabetes mellitus due to underlying condition with other circulatory complications |
| E08.610 | Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy |
| E08.618 | Diabetes mellitus due to underlying condition with other diabetic arthropathy |
| E08.620 | Diabetes mellitus due to underlying condition with diabetic dermatitis |
| E08.621 | Diabetes mellitus due to underlying condition with foot ulcer |
| E08.622 | Diabetes mellitus due to underlying condition with other skin ulcer |
| E08.628 | Diabetes mellitus due to underlying condition with other skin complications |
| E08.630 | Diabetes mellitus due to underlying condition with periodontal disease |
| E08.638 | Diabetes mellitus due to underlying condition with other oral complications |
| E08.641 | Diabetes mellitus due to underlying condition with hypoglycemia with coma |
| E08.649 | Diabetes mellitus due to underlying condition with hypoglycemia without coma |



**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|----------|---|
| E08.65 | Diabetes mellitus due to underlying condition with hyperglycemia |
| E08.69 | Diabetes mellitus due to underlying condition with other specified complication |
| E08.8 | Diabetes mellitus due to underlying condition with unspecified complications |
| E08.9 | Diabetes mellitus due to underlying condition without complications |
| E09.00 | Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC) |
| E09.01 | Drug or chemical induced diabetes mellitus with hyperosmolarity with coma |
| E09.10 | Drug or chemical induced diabetes mellitus with ketoacidosis without coma |
| E09.11 | Drug or chemical induced diabetes mellitus with ketoacidosis with coma |
| E09.21 | Drug or chemical induced diabetes mellitus with diabetic nephropathy |
| E09.22 | Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease |
| E09.29 | Drug or chemical induced diabetes mellitus with other diabetic kidney complication |
| E09.311 | Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema |
| E09.319 | Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema |
| E09.3211 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye |
| E09.3212 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye |
| E09.3213 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral |
| E09.3219 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E09.3291 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye |
| E09.3292 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye |
| E09.3293 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral |
| E09.3299 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|----------|---|
| E09.3311 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye |
| E09.3312 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye |
| E09.3313 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral |
| E09.3319 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E09.3391 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye |
| E09.3392 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye |
| E09.3393 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral |
| E09.3399 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E09.3411 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye |
| E09.3412 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye |
| E09.3413 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral |
| E09.3419 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E09.3491 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye |
| E09.3492 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye |
| E09.3493 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral |
| E09.3499 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E09.3511 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye |

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**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|----------|---|
| E09.3512 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye |
| E09.3513 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral |
| E09.3519 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye |
| E09.3521 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye |
| E09.3522 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye |
| E09.3523 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral |
| E09.3529 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye |
| E09.3531 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye |
| E09.3532 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye |
| E09.3533 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral |
| E09.3539 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye |
| E09.3541 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye |
| E09.3542 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye |
| E09.3543 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral |
| E09.3549 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye |



**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|----------|---|
| E09.3551 | Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye |
| E09.3552 | Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye |
| E09.3553 | Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral |
| E09.3559 | Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye |
| E09.3591 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye |
| E09.3592 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye |
| E09.3593 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral |
| E09.3599 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye |
| E09.36 | Drug or chemical induced diabetes mellitus with diabetic cataract |
| E09.37X1 | Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye |
| E09.37X2 | Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye |
| E09.37X3 | Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral |
| E09.37X9 | Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye |
| E09.39 | Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication |
| E09.40 | Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified |
| E09.41 | Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy |
| E09.42 | Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy |



**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|---------|--|
| E09.43 | Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy |
| E09.44 | Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy |
| E09.49 | Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication |
| E09.51 | Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene |
| E09.52 | Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene |
| E09.59 | Drug or chemical induced diabetes mellitus with other circulatory complications |
| E09.610 | Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy |
| E09.618 | Drug or chemical induced diabetes mellitus with other diabetic arthropathy |
| E09.620 | Drug or chemical induced diabetes mellitus with diabetic dermatitis |
| E09.621 | Drug or chemical induced diabetes mellitus with foot ulcer |
| E09.622 | Drug or chemical induced diabetes mellitus with other skin ulcer |
| E09.628 | Drug or chemical induced diabetes mellitus with other skin complications |
| E09.630 | Drug or chemical induced diabetes mellitus with periodontal disease |
| E09.638 | Drug or chemical induced diabetes mellitus with other oral complications |
| E09.641 | Drug or chemical induced diabetes mellitus with hypoglycemia with coma |
| E09.649 | Drug or chemical induced diabetes mellitus with hypoglycemia without coma |
| E09.65 | Drug or chemical induced diabetes mellitus with hyperglycemia |
| E09.69 | Drug or chemical induced diabetes mellitus with other specified complication |
| E09.8 | Drug or chemical induced diabetes mellitus with unspecified complications |
| E09.9 | Drug or chemical induced diabetes mellitus without complications |
| E10.10 | Type 1 diabetes mellitus with ketoacidosis without coma |
| E10.11 | Type 1 diabetes mellitus with ketoacidosis with coma |
| E10.21 | Type 1 diabetes mellitus with diabetic nephropathy |
| E10.22 | Type 1 diabetes mellitus with diabetic chronic kidney disease |
| E10.29 | Type 1 diabetes mellitus with other diabetic kidney complication |

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ICD-10-CM Version – Red**

Fu Associates, Ltd.

October 2017



**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|----------|--|
| E10.311 | Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema |
| E10.319 | Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema |
| E10.3211 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye |
| E10.3212 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye |
| E10.3213 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral |
| E10.3219 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E10.3291 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye |
| E10.3292 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye |
| E10.3293 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral |
| E10.3299 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E10.3311 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye |
| E10.3312 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye |
| E10.3313 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral |
| E10.3319 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E10.3391 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye |
| E10.3392 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye |
| E10.3393 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral |



**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|----------|---|
| E10.3399 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E10.3411 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye |
| E10.3412 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye |
| E10.3413 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral |
| E10.3419 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E10.3491 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye |
| E10.3492 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye |
| E10.3493 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral |
| E10.3499 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E10.3511 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye |
| E10.3512 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye |
| E10.3513 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral |
| E10.3519 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye |
| E10.3521 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye |
| E10.3522 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye |
| E10.3523 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral |
| E10.3529 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye |

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**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|----------|---|
| E10.3531 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye |
| E10.3532 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye |
| E10.3533 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral |
| E10.3539 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye |
| E10.3541 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye |
| E10.3542 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye |
| E10.3543 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral |
| E10.3549 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye |
| E10.3551 | Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye |
| E10.3552 | Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye |
| E10.3553 | Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral |
| E10.3559 | Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye |
| E10.3591 | Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye |
| E10.3592 | Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye |
| E10.3593 | Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral |
| E10.3599 | Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye |
| E10.36 | Type 1 diabetes mellitus with diabetic cataract |
| E10.37X1 | Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye |



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| Code | Description |
|----------|---|
| E10.37X2 | Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye |
| E10.37X3 | Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral |
| E10.37X9 | Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye |
| E10.39 | Type 1 diabetes mellitus with other diabetic ophthalmic complication |
| E10.40 | Type 1 diabetes mellitus with diabetic neuropathy, unspecified |
| E10.41 | Type 1 diabetes mellitus with diabetic mononeuropathy |
| E10.42 | Type 1 diabetes mellitus with diabetic polyneuropathy |
| E10.43 | Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy |
| E10.44 | Type 1 diabetes mellitus with diabetic amyotrophy |
| E10.49 | Type 1 diabetes mellitus with other diabetic neurological complication |
| E10.51 | Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene |
| E10.52 | Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene |
| E10.59 | Type 1 diabetes mellitus with other circulatory complications |
| E10.610 | Type 1 diabetes mellitus with diabetic neuropathic arthropathy |
| E10.618 | Type 1 diabetes mellitus with other diabetic arthropathy |
| E10.620 | Type 1 diabetes mellitus with diabetic dermatitis |
| E10.621 | Type 1 diabetes mellitus with foot ulcer |
| E10.622 | Type 1 diabetes mellitus with other skin ulcer |
| E10.628 | Type 1 diabetes mellitus with other skin complications |
| E10.630 | Type 1 diabetes mellitus with periodontal disease |
| E10.638 | Type 1 diabetes mellitus with other oral complications |
| E10.641 | Type 1 diabetes mellitus with hypoglycemia with coma |
| E10.649 | Type 1 diabetes mellitus with hypoglycemia without coma |
| E10.65 | Type 1 diabetes mellitus with hyperglycemia |
| E10.69 | Type 1 diabetes mellitus with other specified complication |
| E10.8 | Type 1 diabetes mellitus with unspecified complications |



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| Code | Description |
|----------|---|
| E10.9 | Type 1 diabetes mellitus without complications |
| E11.00 | Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC) |
| E11.01 | Type 2 diabetes mellitus with hyperosmolarity with coma |
| E11.21 | Type 2 diabetes mellitus with diabetic nephropathy |
| E11.22 | Type 2 diabetes mellitus with diabetic chronic kidney disease |
| E11.29 | Type 2 diabetes mellitus with other diabetic kidney complication |
| E11.311 | Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema |
| E11.319 | Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema |
| E11.3211 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye |
| E11.3212 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye |
| E11.3213 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral |
| E11.3219 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E11.3291 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye |
| E11.3292 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye |
| E11.3293 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral |
| E11.3299 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E11.3311 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye |
| E11.3312 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye |
| E11.3313 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral |



**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|----------|---|
| E11.3319 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E11.3391 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye |
| E11.3392 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye |
| E11.3393 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral |
| E11.3399 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E11.3411 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye |
| E11.3412 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye |
| E11.3413 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral |
| E11.3419 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E11.3491 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye |
| E11.3492 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye |
| E11.3493 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral |
| E11.3499 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E11.3511 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye |
| E11.3512 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye |
| E11.3513 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral |
| E11.3519 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye |

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| Code | Description |
|----------|---|
| E11.3521 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye |
| E11.3522 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye |
| E11.3523 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral |
| E11.3529 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye |
| E11.3531 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye |
| E11.3532 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye |
| E11.3533 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral |
| E11.3539 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye |
| E11.3541 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye |
| E11.3542 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye |
| E11.3543 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral |
| E11.3549 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye |
| E11.3551 | Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye |
| E11.3552 | Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye |
| E11.3553 | Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral |
| E11.3559 | Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye |
| E11.3591 | Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye |



**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|----------|---|
| E11.3592 | Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye |
| E11.3593 | Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral |
| E11.3599 | Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye |
| E11.36 | Type 2 diabetes mellitus with diabetic cataract |
| E11.37X1 | Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye |
| E11.37X2 | Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye |
| E11.37X3 | Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral |
| E11.37X9 | Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye |
| E11.39 | Type 2 diabetes mellitus with other diabetic ophthalmic complication |
| E11.40 | Type 2 diabetes mellitus with diabetic neuropathy, unspecified |
| E11.41 | Type 2 diabetes mellitus with diabetic mononeuropathy |
| E11.42 | Type 2 diabetes mellitus with diabetic polyneuropathy |
| E11.43 | Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy |
| E11.44 | Type 2 diabetes mellitus with diabetic amyotrophy |
| E11.49 | Type 2 diabetes mellitus with other diabetic neurological complication |
| E11.51 | Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene |
| E11.52 | Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene |
| E11.59 | Type 2 diabetes mellitus with other circulatory complications |
| E11.610 | Type 2 diabetes mellitus with diabetic neuropathic arthropathy |
| E11.618 | Type 2 diabetes mellitus with other diabetic arthropathy |
| E11.620 | Type 2 diabetes mellitus with diabetic dermatitis |
| E11.621 | Type 2 diabetes mellitus with foot ulcer |
| E11.622 | Type 2 diabetes mellitus with other skin ulcer |
| E11.628 | Type 2 diabetes mellitus with other skin complications |

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**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|----------|---|
| E11.630 | Type 2 diabetes mellitus with periodontal disease |
| E11.638 | Type 2 diabetes mellitus with other oral complications |
| E11.641 | Type 2 diabetes mellitus with hypoglycemia with coma |
| E11.649 | Type 2 diabetes mellitus with hypoglycemia without coma |
| E11.65 | Type 2 diabetes mellitus with hyperglycemia |
| E11.69 | Type 2 diabetes mellitus with other specified complication |
| E11.8 | Type 2 diabetes mellitus with unspecified complications |
| E11.9 | Type 2 diabetes mellitus without complications |
| E13.00 | Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC) |
| E13.01 | Other specified diabetes mellitus with hyperosmolarity with coma |
| E13.10 | Other specified diabetes mellitus with ketoacidosis without coma |
| E13.11 | Other specified diabetes mellitus with ketoacidosis with coma |
| E13.21 | Other specified diabetes mellitus with diabetic nephropathy |
| E13.22 | Other specified diabetes mellitus with diabetic chronic kidney disease |
| E13.29 | Other specified diabetes mellitus with other diabetic kidney complication |
| E13.311 | Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema |
| E13.319 | Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema |
| E13.3211 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye |
| E13.3212 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye |
| E13.3213 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral |
| E13.3219 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E13.3291 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye |



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| Code | Description |
|----------|--|
| E13.3292 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye |
| E13.3293 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral |
| E13.3299 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E13.3311 | Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye |
| E13.3312 | Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye |
| E13.3313 | Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral |
| E13.3319 | Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E13.3391 | Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye |
| E13.3392 | Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye |
| E13.3393 | Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral |
| E13.3399 | Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E13.3411 | Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye |
| E13.3412 | Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye |
| E13.3413 | Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral |
| E13.3419 | Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E13.3491 | Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye |
| E13.3492 | Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye |

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**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|----------|--|
| E13.3493 | Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral |
| E13.3499 | Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E13.3511 | Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye |
| E13.3512 | Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye |
| E13.3513 | Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral |
| E13.3519 | Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye |
| E13.3521 | Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye |
| E13.3522 | Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye |
| E13.3523 | Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral |
| E13.3529 | Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye |
| E13.3531 | Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye |
| E13.3532 | Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye |
| E13.3533 | Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral |
| E13.3539 | Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye |
| E13.3541 | Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye |
| E13.3542 | Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye |



**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|----------|--|
| E13.3543 | Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral |
| E13.3549 | Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye |
| E13.3551 | Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye |
| E13.3552 | Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye |
| E13.3553 | Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral |
| E13.3559 | Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye |
| E13.3591 | Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye |
| E13.3592 | Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye |
| E13.3593 | Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral |
| E13.3599 | Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye |
| E13.36 | Other specified diabetes mellitus with diabetic cataract |
| E13.37X1 | Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye |
| E13.37X2 | Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye |
| E13.37X3 | Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral |
| E13.37X9 | Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye |
| E13.39 | Other specified diabetes mellitus with other diabetic ophthalmic complication |
| E13.40 | Other specified diabetes mellitus with diabetic neuropathy, unspecified |



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| Code | Description |
|---------|--|
| E13.41 | Other specified diabetes mellitus with diabetic mononeuropathy |
| E13.42 | Other specified diabetes mellitus with diabetic polyneuropathy |
| E13.43 | Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy |
| E13.44 | Other specified diabetes mellitus with diabetic amyotrophy |
| E13.49 | Other specified diabetes mellitus with other diabetic neurological complication |
| E13.51 | Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene |
| E13.52 | Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene |
| E13.59 | Other specified diabetes mellitus with other circulatory complications |
| E13.610 | Other specified diabetes mellitus with diabetic neuropathic arthropathy |
| E13.618 | Other specified diabetes mellitus with other diabetic arthropathy |
| E13.620 | Other specified diabetes mellitus with diabetic dermatitis |
| E13.621 | Other specified diabetes mellitus with foot ulcer |
| E13.622 | Other specified diabetes mellitus with other skin ulcer |
| E13.628 | Other specified diabetes mellitus with other skin complications |
| E13.630 | Other specified diabetes mellitus with periodontal disease |
| E13.638 | Other specified diabetes mellitus with other oral complications |
| E13.641 | Other specified diabetes mellitus with hypoglycemia with coma |
| E13.649 | Other specified diabetes mellitus with hypoglycemia without coma |
| E13.65 | Other specified diabetes mellitus with hyperglycemia |
| E13.69 | Other specified diabetes mellitus with other specified complication |
| E13.8 | Other specified diabetes mellitus with unspecified complications |
| E13.9 | Other specified diabetes mellitus without complications |
| E15 | Nondiabetic hypoglycemic coma |
| E16.0 | Drug-induced hypoglycemia without coma |
| E16.1 | Other hypoglycemia |
| E16.2 | Hypoglycemia, unspecified |
| E16.3 | Increased secretion of glucagon |



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| Code | Description |
|-------|---|
| E16.4 | Increased secretion of gastrin |
| E16.8 | Other specified disorders of pancreatic internal secretion |
| E16.9 | Disorder of pancreatic internal secretion, unspecified |
| E22.0 | Acromegaly and pituitary gigantism |
| E22.1 | Hyperprolactinemia |
| E22.2 | Syndrome of inappropriate secretion of antidiuretic hormone |
| E22.8 | Other hyperfunction of pituitary gland |
| E22.9 | Hyperfunction of pituitary gland, unspecified |
| E23.0 | Hypopituitarism |
| E23.1 | Drug-induced hypopituitarism |
| E23.2 | Diabetes insipidus |
| E23.3 | Hypothalamic dysfunction, not elsewhere classified |
| E23.6 | Other disorders of pituitary gland |
| E23.7 | Disorder of pituitary gland, unspecified |
| E24.0 | Pituitary-dependent Cushing's disease |
| E24.1 | Nelson's syndrome |
| E24.2 | Drug-induced Cushing's syndrome |
| E24.3 | Ectopic ACTH syndrome |
| E24.4 | Alcohol-induced pseudo-Cushing's syndrome |
| E24.8 | Other Cushing's syndrome |
| E24.9 | Cushing's syndrome, unspecified |
| E34.4 | Constitutional tall stature |
| E44.0 | Moderate protein-calorie malnutrition |
| E44.1 | Mild protein-calorie malnutrition |
| E45 | Retarded development following protein-calorie malnutrition |
| E46 | Unspecified protein-calorie malnutrition |
| E64.0 | Sequelae of protein-calorie malnutrition |
| E67.1 | Hypercarotinemias |



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| Code | Description |
|--------|---|
| E72.52 | Trimethylaminuria |
| E72.53 | Hyperoxaluria |
| E73.0 | Congenital lactase deficiency |
| E73.1 | Secondary lactase deficiency |
| E73.8 | Other lactose intolerance |
| E73.9 | Lactose intolerance, unspecified |
| E74.00 | Glycogen storage disease, unspecified |
| E74.01 | von Gierke disease |
| E74.02 | Pompe disease |
| E74.03 | Cori disease |
| E74.04 | McArdle disease |
| E74.09 | Other glycogen storage disease |
| E74.10 | Disorder of fructose metabolism, unspecified |
| E74.11 | Essential fructosuria |
| E74.12 | Hereditary fructose intolerance |
| E74.19 | Other disorders of fructose metabolism |
| E74.20 | Disorders of galactose metabolism, unspecified |
| E74.21 | Galactosemia |
| E74.29 | Other disorders of galactose metabolism |
| E74.31 | Sucrase-isomaltase deficiency |
| E74.39 | Other disorders of intestinal carbohydrate absorption |
| E74.4 | Disorders of pyruvate metabolism and gluconeogenesis |
| E74.8 | Other specified disorders of carbohydrate metabolism |
| E74.9 | Disorder of carbohydrate metabolism, unspecified |
| E77.1 | Defects in glycoprotein degradation |
| E78.00 | Pure hypercholesterolemia, unspecified |
| E78.01 | Familial hypercholesterolemia |
| E78.1 | Pure hyperglyceridemia |



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| Code | Description |
|---------|--|
| E78.2 | Mixed hyperlipidemia |
| E78.3 | Hyperchylomicronemia |
| E78.4 | Other hyperlipidemia |
| E78.5 | Hyperlipidemia, unspecified |
| E79.0 | Hyperuricemia without signs of inflammatory arthritis and tophaceous disease |
| E83.10 | Disorder of iron metabolism, unspecified |
| E83.110 | Hereditary hemochromatosis |
| E83.111 | Hemochromatosis due to repeated red blood cell transfusions |
| E83.118 | Other hemochromatosis |
| E83.119 | Hemochromatosis, unspecified |
| E83.19 | Other disorders of iron metabolism |
| E83.2 | Disorders of zinc metabolism |
| E86.0 | Dehydration |
| E86.1 | Hypovolemia |
| E86.9 | Volume depletion, unspecified |
| E87.0 | Hyperosmolality and hypernatremia |
| E87.1 | Hypo-osmolality and hyponatremia |
| E87.2 | Acidosis |
| E87.3 | Alkalosis |
| E87.4 | Mixed disorder of acid-base balance |
| E87.5 | Hyperkalemia |
| E87.6 | Hypokalemia |
| E87.70 | Fluid overload, unspecified |
| E87.71 | Transfusion associated circulatory overload |
| E87.79 | Other fluid overload |
| E87.8 | Other disorders of electrolyte and fluid balance, not elsewhere classified |
| E89.1 | Postprocedural hypoinsulinemia |
| E89.3 | Postprocedural hypopituitarism |



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| Code | Description |
|--|--|
| F05 | Delirium due to known physiological condition |
| F06.8 | Other specified mental disorders due to known physiological condition |
| F07.0 | Personality change due to known physiological condition |
| F28 | Other psychotic disorder not due to a substance or known physiological condition |
| F29 | Unspecified psychosis not due to a substance or known physiological condition |
| F48.9 | Nonpsychotic mental disorder, unspecified |
| F99 | Mental disorder, not otherwise specified |
| G31.84 | Mild cognitive impairment, so stated |
| G40.309 | Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus |
| G40.311 | Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus |
| G40.319 | Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus |
| G40.401 | Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus |
| G40.409 | Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus |
| G40.411 | Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus |
| G40.419 | Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus |
| G56.03 Covered only for procedure code 82947. | Carpal tunnel syndrome, bilateral upper limbs |
| G56.13 Covered only for procedure code 82947. | Other lesions of median nerve, bilateral upper limbs |

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| Code | Description |
|--|---|
| G56.23 Covered only for procedure code 82947. | Lesion of ulnar nerve, bilateral upper limbs |
| G56.33 Covered only for procedure code 82947. | Lesion of radial nerve, bilateral upper limbs |
| G56.43 Covered only for procedure code 82947. | Causalgia of bilateral upper limbs |
| G56.83 Covered only for procedure code 82947. | Other specified mononeuropathies of bilateral upper limbs |
| G56.93 Covered only for procedure code 82947. | Unspecified mononeuropathy of bilateral upper limbs |
| G57.83 Covered only for procedure code 82947. | Other specified mononeuropathies of bilateral lower limbs |



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| Code | Description |
|--|---|
| G57.93 Covered only for procedure code 82947. | Unspecified mononeuropathy of bilateral lower limbs |
| G58.8 | Other specified mononeuropathies |
| G58.9 | Mononeuropathy, unspecified |
| G59 | Mononeuropathy in diseases classified elsewhere |
| G60.9 | Hereditary and idiopathic neuropathy, unspecified |
| G61.82 Covered only for procedure code 82947. | Multifocal motor neuropathy |
| G61.9 | Inflammatory polyneuropathy, unspecified |
| G62.9 | Polyneuropathy, unspecified |
| G90.2 | Horner's syndrome |
| G90.8 | Other disorders of autonomic nervous system |
| G90.9 | Disorder of the autonomic nervous system, unspecified |
| G93.3 | Postviral fatigue syndrome |
| G93.41 | Metabolic encephalopathy |
| H01.001 | Unspecified blepharitis right upper eyelid |
| H01.002 | Unspecified blepharitis right lower eyelid |
| H01.003 | Unspecified blepharitis right eye, unspecified eyelid |
| H01.004 | Unspecified blepharitis left upper eyelid |
| H01.005 | Unspecified blepharitis left lower eyelid |
| H01.006 | Unspecified blepharitis left eye, unspecified eyelid |
| H01.009 | Unspecified blepharitis unspecified eye, unspecified eyelid |
| H25.011 | Cortical age-related cataract, right eye |



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| Code | Description |
|---------|---|
| H25.012 | Cortical age-related cataract, left eye |
| H25.013 | Cortical age-related cataract, bilateral |
| H25.019 | Cortical age-related cataract, unspecified eye |
| H25.031 | Anterior subcapsular polar age-related cataract, right eye |
| H25.032 | Anterior subcapsular polar age-related cataract, left eye |
| H25.033 | Anterior subcapsular polar age-related cataract, bilateral |
| H25.039 | Anterior subcapsular polar age-related cataract, unspecified eye |
| H25.041 | Posterior subcapsular polar age-related cataract, right eye |
| H25.042 | Posterior subcapsular polar age-related cataract, left eye |
| H25.043 | Posterior subcapsular polar age-related cataract, bilateral |
| H25.049 | Posterior subcapsular polar age-related cataract, unspecified eye |
| H25.091 | Other age-related incipient cataract, right eye |
| H25.092 | Other age-related incipient cataract, left eye |
| H25.093 | Other age-related incipient cataract, bilateral |
| H25.099 | Other age-related incipient cataract, unspecified eye |
| H25.10 | Age-related nuclear cataract, unspecified eye |
| H25.11 | Age-related nuclear cataract, right eye |
| H25.12 | Age-related nuclear cataract, left eye |
| H25.13 | Age-related nuclear cataract, bilateral |
| H25.20 | Age-related cataract, morgagnian type, unspecified eye |
| H25.21 | Age-related cataract, morgagnian type, right eye |
| H25.22 | Age-related cataract, morgagnian type, left eye |
| H25.23 | Age-related cataract, morgagnian type, bilateral |
| H25.811 | Combined forms of age-related cataract, right eye |
| H25.812 | Combined forms of age-related cataract, left eye |
| H25.813 | Combined forms of age-related cataract, bilateral |
| H25.819 | Combined forms of age-related cataract, unspecified eye |
| H25.89 | Other age-related cataract |



**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|---------|---|
| H25.9 | Unspecified age-related cataract |
| H26.001 | Unspecified infantile and juvenile cataract, right eye |
| H26.002 | Unspecified infantile and juvenile cataract, left eye |
| H26.003 | Unspecified infantile and juvenile cataract, bilateral |
| H26.009 | Unspecified infantile and juvenile cataract, unspecified eye |
| H26.011 | Infantile and juvenile cortical, lamellar, or zonular cataract, right eye |
| H26.012 | Infantile and juvenile cortical, lamellar, or zonular cataract, left eye |
| H26.013 | Infantile and juvenile cortical, lamellar, or zonular cataract, bilateral |
| H26.019 | Infantile and juvenile cortical, lamellar, or zonular cataract, unspecified eye |
| H26.031 | Infantile and juvenile nuclear cataract, right eye |
| H26.032 | Infantile and juvenile nuclear cataract, left eye |
| H26.033 | Infantile and juvenile nuclear cataract, bilateral |
| H26.039 | Infantile and juvenile nuclear cataract, unspecified eye |
| H26.041 | Anterior subcapsular polar infantile and juvenile cataract, right eye |
| H26.042 | Anterior subcapsular polar infantile and juvenile cataract, left eye |
| H26.043 | Anterior subcapsular polar infantile and juvenile cataract, bilateral |
| H26.049 | Anterior subcapsular polar infantile and juvenile cataract, unspecified eye |
| H26.051 | Posterior subcapsular polar infantile and juvenile cataract, right eye |
| H26.052 | Posterior subcapsular polar infantile and juvenile cataract, left eye |
| H26.053 | Posterior subcapsular polar infantile and juvenile cataract, bilateral |
| H26.059 | Posterior subcapsular polar infantile and juvenile cataract, unspecified eye |
| H26.061 | Combined forms of infantile and juvenile cataract, right eye |
| H26.062 | Combined forms of infantile and juvenile cataract, left eye |
| H26.063 | Combined forms of infantile and juvenile cataract, bilateral |
| H26.069 | Combined forms of infantile and juvenile cataract, unspecified eye |
| H26.09 | Other infantile and juvenile cataract |
| H35.00 | Unspecified background retinopathy |
| H35.061 | Retinal vasculitis, right eye |



**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|----------|---|
| H35.062 | Retinal vasculitis, left eye |
| H35.063 | Retinal vasculitis, bilateral |
| H35.069 | Retinal vasculitis, unspecified eye |
| H35.20 | Other non-diabetic proliferative retinopathy, unspecified eye |
| H35.21 | Other non-diabetic proliferative retinopathy, right eye |
| H35.22 | Other non-diabetic proliferative retinopathy, left eye |
| H35.23 | Other non-diabetic proliferative retinopathy, bilateral |
| H35.30 | Unspecified macular degeneration |
| H35.3110 | Nonexudative age-related macular degeneration, right eye, stage unspecified |
| H35.3111 | Nonexudative age-related macular degeneration, right eye, early dry stage |
| H35.3112 | Nonexudative age-related macular degeneration, right eye, intermediate dry stage |
| H35.3113 | Nonexudative age-related macular degeneration, right eye, advanced atrophic without subfoveal involvement |
| H35.3114 | Nonexudative age-related macular degeneration, right eye, advanced atrophic with subfoveal involvement |
| H35.3120 | Nonexudative age-related macular degeneration, left eye, stage unspecified |
| H35.3121 | Nonexudative age-related macular degeneration, left eye, early dry stage |
| H35.3122 | Nonexudative age-related macular degeneration, left eye, intermediate dry stage |
| H35.3123 | Nonexudative age-related macular degeneration, left eye, advanced atrophic without subfoveal involvement |
| H35.3124 | Nonexudative age-related macular degeneration, left eye, advanced atrophic with subfoveal involvement |
| H35.3130 | Nonexudative age-related macular degeneration, bilateral, stage unspecified |
| H35.3131 | Nonexudative age-related macular degeneration, bilateral, early dry stage |
| H35.3132 | Nonexudative age-related macular degeneration, bilateral, intermediate dry stage |
| H35.3133 | Nonexudative age-related macular degeneration, bilateral, advanced atrophic without subfoveal involvement |
| H35.3134 | Nonexudative age-related macular degeneration, bilateral, advanced atrophic with subfoveal involvement |
| H35.3190 | Nonexudative age-related macular degeneration, unspecified eye, stage unspecified |

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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|----------|---|
| H35.3191 | Nonexudative age-related macular degeneration, unspecified eye, early dry stage |
| H35.3192 | Nonexudative age-related macular degeneration, unspecified eye, intermediate dry stage |
| H35.3193 | Nonexudative age-related macular degeneration, unspecified eye, advanced atrophic without subfoveal involvement |
| H35.3194 | Nonexudative age-related macular degeneration, unspecified eye, advanced atrophic with subfoveal involvement |
| H35.3210 | Exudative age-related macular degeneration, right eye, stage unspecified |
| H35.3211 | Exudative age-related macular degeneration, right eye, with active choroidal neovascularization |
| H35.3212 | Exudative age-related macular degeneration, right eye, with inactive choroidal neovascularization |
| H35.3213 | Exudative age-related macular degeneration, right eye, with inactive scar |
| H35.3220 | Exudative age-related macular degeneration, left eye, stage unspecified |
| H35.3221 | Exudative age-related macular degeneration, left eye, with active choroidal neovascularization |
| H35.3222 | Exudative age-related macular degeneration, left eye, with inactive choroidal neovascularization |
| H35.3223 | Exudative age-related macular degeneration, left eye, with inactive scar |
| H35.3230 | Exudative age-related macular degeneration, bilateral, stage unspecified |
| H35.3231 | Exudative age-related macular degeneration, bilateral, with active choroidal neovascularization |
| H35.3232 | Exudative age-related macular degeneration, bilateral, with inactive choroidal neovascularization |
| H35.3233 | Exudative age-related macular degeneration, bilateral, with inactive scar |
| H35.3290 | Exudative age-related macular degeneration, unspecified eye, stage unspecified |
| H35.3291 | Exudative age-related macular degeneration, unspecified eye, with active choroidal neovascularization |
| H35.3292 | Exudative age-related macular degeneration, unspecified eye, with inactive choroidal neovascularization |
| H35.3293 | Exudative age-related macular degeneration, unspecified eye, with inactive scar |
| H35.341 | Macular cyst, hole, or pseudohole, right eye |



**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|---------|--|
| H35.342 | Macular cyst, hole, or pseudohole, left eye |
| H35.343 | Macular cyst, hole, or pseudohole, bilateral |
| H35.349 | Macular cyst, hole, or pseudohole, unspecified eye |
| H35.351 | Cystoid macular degeneration, right eye |
| H35.352 | Cystoid macular degeneration, left eye |
| H35.353 | Cystoid macular degeneration, bilateral |
| H35.359 | Cystoid macular degeneration, unspecified eye |
| H35.361 | Drusen (degenerative) of macula, right eye |
| H35.362 | Drusen (degenerative) of macula, left eye |
| H35.363 | Drusen (degenerative) of macula, bilateral |
| H35.369 | Drusen (degenerative) of macula, unspecified eye |
| H35.371 | Puckering of macula, right eye |
| H35.372 | Puckering of macula, left eye |
| H35.373 | Puckering of macula, bilateral |
| H35.379 | Puckering of macula, unspecified eye |
| H35.381 | Toxic maculopathy, right eye |
| H35.382 | Toxic maculopathy, left eye |
| H35.383 | Toxic maculopathy, bilateral |
| H35.389 | Toxic maculopathy, unspecified eye |
| H35.40 | Unspecified peripheral retinal degeneration |
| H35.411 | Lattice degeneration of retina, right eye |
| H35.412 | Lattice degeneration of retina, left eye |
| H35.413 | Lattice degeneration of retina, bilateral |
| H35.419 | Lattice degeneration of retina, unspecified eye |
| H35.421 | Microcystoid degeneration of retina, right eye |
| H35.422 | Microcystoid degeneration of retina, left eye |
| H35.423 | Microcystoid degeneration of retina, bilateral |
| H35.429 | Microcystoid degeneration of retina, unspecified eye |



**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|---------|---|
| H35.431 | Paving stone degeneration of retina, right eye |
| H35.432 | Paving stone degeneration of retina, left eye |
| H35.433 | Paving stone degeneration of retina, bilateral |
| H35.439 | Paving stone degeneration of retina, unspecified eye |
| H35.441 | Age-related reticular degeneration of retina, right eye |
| H35.442 | Age-related reticular degeneration of retina, left eye |
| H35.443 | Age-related reticular degeneration of retina, bilateral |
| H35.449 | Age-related reticular degeneration of retina, unspecified eye |
| H35.451 | Secondary pigmentary degeneration, right eye |
| H35.452 | Secondary pigmentary degeneration, left eye |
| H35.453 | Secondary pigmentary degeneration, bilateral |
| H35.459 | Secondary pigmentary degeneration, unspecified eye |
| H35.461 | Secondary vitreoretinal degeneration, right eye |
| H35.462 | Secondary vitreoretinal degeneration, left eye |
| H35.463 | Secondary vitreoretinal degeneration, bilateral |
| H35.469 | Secondary vitreoretinal degeneration, unspecified eye |
| H35.60 | Retinal hemorrhage, unspecified eye |
| H35.61 | Retinal hemorrhage, right eye |
| H35.62 | Retinal hemorrhage, left eye |
| H35.63 | Retinal hemorrhage, bilateral |
| H35.81 | Retinal edema |
| H35.82 | Retinal ischemia |
| H35.89 | Other specified retinal disorders |
| H35.9 | Unspecified retinal disorder |
| H40.051 | Ocular hypertension, right eye |
| H40.052 | Ocular hypertension, left eye |
| H40.053 | Ocular hypertension, bilateral |
| H40.059 | Ocular hypertension, unspecified eye |



**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|--|---|
| H40.1110 Covered only for procedure code 82947. | Primary open-angle glaucoma, right eye, stage unspecified |
| H40.1111 Covered only for procedure code 82947. | Primary open-angle glaucoma, right eye, mild stage |
| H40.1112 Covered only for procedure code 82947. | Primary open-angle glaucoma, right eye, moderate stage |
| H40.1113 Covered only for procedure code 82947. | Primary open-angle glaucoma, right eye, severe stage |
| H40.1114 Covered only for procedure code 82947. | Primary open-angle glaucoma, right eye, indeterminate stage |
| H40.1120 Covered only for procedure code 82947. | Primary open-angle glaucoma, left eye, stage unspecified |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| H40.1121 Covered only for procedure code 82947. | Primary open-angle glaucoma, left eye, mild stage |
| H40.1122 Covered only for procedure code 82947. | Primary open-angle glaucoma, left eye, moderate stage |
| H40.1123 Covered only for procedure code 82947. | Primary open-angle glaucoma, left eye, severe stage |
| H40.1124 Covered only for procedure code 82947. | Primary open-angle glaucoma, left eye, indeterminate stage |
| H40.1130 Covered only for procedure code 82947. | Primary open-angle glaucoma, bilateral, stage unspecified |
| H40.1131 Covered only for procedure code 82947. | Primary open-angle glaucoma, bilateral, mild stage |



**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|--|---|
| H40.1132 Covered only for procedure code 82947. | Primary open-angle glaucoma, bilateral, moderate stage |
| H40.1133 Covered only for procedure code 82947. | Primary open-angle glaucoma, bilateral, severe stage |
| H40.1134 Covered only for procedure code 82947. | Primary open-angle glaucoma, bilateral, indeterminate stage |
| H40.1190 Covered only for procedure code 82947. | Primary open-angle glaucoma, unspecified eye, stage unspecified |
| H40.1191 Covered only for procedure code 82947. | Primary open-angle glaucoma, unspecified eye, mild stage |
| H40.1192 Covered only for procedure code 82947. | Primary open-angle glaucoma, unspecified eye, moderate stage |



**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|--|---|
| H40.1193 Covered only for procedure code 82947. | Primary open-angle glaucoma, unspecified eye, severe stage |
| H40.1194 Covered only for procedure code 82947. | Primary open-angle glaucoma, unspecified eye, indeterminate stage |
| H40.60X0 | Glaucoma secondary to drugs, unspecified eye, stage unspecified |
| H40.60X1 | Glaucoma secondary to drugs, unspecified eye, mild stage |
| H40.60X2 | Glaucoma secondary to drugs, unspecified eye, moderate stage |
| H40.60X3 | Glaucoma secondary to drugs, unspecified eye, severe stage |
| H40.60X4 | Glaucoma secondary to drugs, unspecified eye, indeterminate stage |
| H40.61X0 | Glaucoma secondary to drugs, right eye, stage unspecified |
| H40.61X1 | Glaucoma secondary to drugs, right eye, mild stage |
| H40.61X2 | Glaucoma secondary to drugs, right eye, moderate stage |
| H40.61X3 | Glaucoma secondary to drugs, right eye, severe stage |
| H40.61X4 | Glaucoma secondary to drugs, right eye, indeterminate stage |
| H40.62X0 | Glaucoma secondary to drugs, left eye, stage unspecified |
| H40.62X1 | Glaucoma secondary to drugs, left eye, mild stage |
| H40.62X2 | Glaucoma secondary to drugs, left eye, moderate stage |
| H40.62X3 | Glaucoma secondary to drugs, left eye, severe stage |
| H40.62X4 | Glaucoma secondary to drugs, left eye, indeterminate stage |
| H40.63X0 | Glaucoma secondary to drugs, bilateral, stage unspecified |
| H40.63X1 | Glaucoma secondary to drugs, bilateral, mild stage |
| H40.63X2 | Glaucoma secondary to drugs, bilateral, moderate stage |
| H40.63X3 | Glaucoma secondary to drugs, bilateral, severe stage |



**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|----------|---|
| H40.63X4 | Glaucoma secondary to drugs, bilateral, indeterminate stage |
| H47.331 | Pseudopapilledema of optic disc, right eye |
| H47.332 | Pseudopapilledema of optic disc, left eye |
| H47.333 | Pseudopapilledema of optic disc, bilateral |
| H47.339 | Pseudopapilledema of optic disc, unspecified eye |
| H47.9 | Unspecified disorder of visual pathways |
| H49.00 | Third [oculomotor] nerve palsy, unspecified eye |
| H49.01 | Third [oculomotor] nerve palsy, right eye |
| H49.02 | Third [oculomotor] nerve palsy, left eye |
| H49.03 | Third [oculomotor] nerve palsy, bilateral |
| H49.10 | Fourth [trochlear] nerve palsy, unspecified eye |
| H49.11 | Fourth [trochlear] nerve palsy, right eye |
| H49.12 | Fourth [trochlear] nerve palsy, left eye |
| H49.13 | Fourth [trochlear] nerve palsy, bilateral |
| H49.20 | Sixth [abducent] nerve palsy, unspecified eye |
| H49.21 | Sixth [abducent] nerve palsy, right eye |
| H49.22 | Sixth [abducent] nerve palsy, left eye |
| H49.23 | Sixth [abducent] nerve palsy, bilateral |
| H49.40 | Progressive external ophthalmoplegia, unspecified eye |
| H49.41 | Progressive external ophthalmoplegia, right eye |
| H49.42 | Progressive external ophthalmoplegia, left eye |
| H49.43 | Progressive external ophthalmoplegia, bilateral |
| H49.881 | Other paralytic strabismus, right eye |
| H49.882 | Other paralytic strabismus, left eye |
| H49.883 | Other paralytic strabismus, bilateral |
| H49.889 | Other paralytic strabismus, unspecified eye |
| H49.9 | Unspecified paralytic strabismus |
| H52.10 | Myopia, unspecified eye |



**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|---------|--|
| H52.11 | Myopia, right eye |
| H52.12 | Myopia, left eye |
| H52.13 | Myopia, bilateral |
| H53.71 | Glare sensitivity |
| H53.72 | Impaired contrast sensitivity |
| H53.8 | Other visual disturbances |
| H57.01 | Argyll Robertson pupil, atypical |
| I21.01 | ST elevation (STEMI) myocardial infarction involving left main coronary artery |
| I21.02 | ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery |
| I21.09 | ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall |
| I21.11 | ST elevation (STEMI) myocardial infarction involving right coronary artery |
| I21.19 | ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall |
| I21.21 | ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery |
| I21.29 | ST elevation (STEMI) myocardial infarction involving other sites |
| I21.3 | ST elevation (STEMI) myocardial infarction of unspecified site |
| I21.4 | Non-ST elevation (NSTEMI) myocardial infarction |
| I22.0 | Subsequent ST elevation (STEMI) myocardial infarction of anterior wall |
| I22.1 | Subsequent ST elevation (STEMI) myocardial infarction of inferior wall |
| I22.2 | Subsequent non-ST elevation (NSTEMI) myocardial infarction |
| I22.8 | Subsequent ST elevation (STEMI) myocardial infarction of other sites |
| I22.9 | Subsequent ST elevation (STEMI) myocardial infarction of unspecified site |
| I25.10 | Atherosclerotic heart disease of native coronary artery without angina pectoris |
| I25.110 | Atherosclerotic heart disease of native coronary artery with unstable angina pectoris |
| I25.111 | Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm |



**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|---------|---|
| I25.118 | Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris |
| I25.119 | Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris |
| I25.3 | Aneurysm of heart |
| I25.41 | Coronary artery aneurysm |
| I25.42 | Coronary artery dissection |
| I25.700 | Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris |
| I25.701 | Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm |
| I25.708 | Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris |
| I25.709 | Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris |
| I25.710 | Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris |
| I25.711 | Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm |
| I25.718 | Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris |
| I25.719 | Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris |
| I25.720 | Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris |
| I25.721 | Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm |
| I25.728 | Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris |
| I25.729 | Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris |
| I25.730 | Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|---------|--|
| I25.731 | Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm |
| I25.738 | Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris |
| I25.739 | Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris |
| I25.750 | Atherosclerosis of native coronary artery of transplanted heart with unstable angina |
| I25.751 | Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm |
| I25.758 | Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris |
| I25.759 | Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris |
| I25.760 | Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina |
| I25.761 | Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm |
| I25.768 | Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris |
| I25.769 | Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris |
| I25.790 | Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris |
| I25.791 | Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm |
| I25.798 | Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris |
| I25.799 | Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris |
| I25.810 | Atherosclerosis of coronary artery bypass graft(s) without angina pectoris |
| I25.811 | Atherosclerosis of native coronary artery of transplanted heart without angina pectoris |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|---------|--|
| I25.812 | Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris |
| I25.83 | Coronary atherosclerosis due to lipid rich plaque |
| I25.84 | Coronary atherosclerosis due to calcified coronary lesion |
| I42.7 | Cardiomyopathy due to drug and external agent |
| I42.9 | Cardiomyopathy, unspecified |
| I70.231 | Atherosclerosis of native arteries of right leg with ulceration of thigh |
| I70.232 | Atherosclerosis of native arteries of right leg with ulceration of calf |
| I70.233 | Atherosclerosis of native arteries of right leg with ulceration of ankle |
| I70.234 | Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot |
| I70.235 | Atherosclerosis of native arteries of right leg with ulceration of other part of foot |
| I70.238 | Atherosclerosis of native arteries of right leg with ulceration of other part of lower right leg |
| I70.239 | Atherosclerosis of native arteries of right leg with ulceration of unspecified site |
| I70.241 | Atherosclerosis of native arteries of left leg with ulceration of thigh |
| I70.242 | Atherosclerosis of native arteries of left leg with ulceration of calf |
| I70.243 | Atherosclerosis of native arteries of left leg with ulceration of ankle |
| I70.244 | Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot |
| I70.245 | Atherosclerosis of native arteries of left leg with ulceration of other part of foot |
| I70.248 | Atherosclerosis of native arteries of left leg with ulceration of other part of lower left leg |
| I70.249 | Atherosclerosis of native arteries of left leg with ulceration of unspecified site |
| I70.25 | Atherosclerosis of native arteries of other extremities with ulceration |
| I70.261 | Atherosclerosis of native arteries of extremities with gangrene, right leg |
| I70.262 | Atherosclerosis of native arteries of extremities with gangrene, left leg |
| I70.263 | Atherosclerosis of native arteries of extremities with gangrene, bilateral legs |
| I70.268 | Atherosclerosis of native arteries of extremities with gangrene, other extremity |
| I70.269 | Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|---------|--|
| I70.331 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh |
| I70.332 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf |
| I70.333 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle |
| I70.334 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot |
| I70.335 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot |
| I70.338 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg |
| I70.339 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site |
| I70.341 | Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh |
| I70.342 | Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf |
| I70.343 | Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle |
| I70.344 | Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot |
| I70.345 | Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot |
| I70.348 | Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg |
| I70.349 | Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site |
| I70.35 | Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration |
| I70.361 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg |
| I70.362 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg |

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**Medicare National Coverage Determinations (NCD)
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| Code | Description |
|---------|--|
| I70.363 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs |
| I70.368 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity |
| I70.369 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity |
| I70.431 | Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh |
| I70.432 | Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf |
| I70.433 | Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle |
| I70.434 | Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot |
| I70.435 | Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot |
| I70.438 | Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg |
| I70.439 | Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site |
| I70.441 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh |
| I70.442 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf |
| I70.443 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle |
| I70.444 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot |
| I70.445 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot |
| I70.448 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg |
| I70.449 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site |

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| Code | Description |
|---------|---|
| I70.45 | Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration |
| I70.461 | Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg |
| I70.462 | Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg |
| I70.463 | Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs |
| I70.468 | Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity |
| I70.469 | Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity |
| I70.531 | Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh |
| I70.532 | Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf |
| I70.533 | Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle |
| I70.534 | Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot |
| I70.535 | Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot |
| I70.538 | Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg |
| I70.539 | Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site |
| I70.541 | Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh |
| I70.542 | Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf |
| I70.543 | Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle |
| I70.544 | Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot |

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| Code | Description |
|---------|--|
| I70.545 | Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot |
| I70.548 | Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg |
| I70.549 | Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site |
| I70.55 | Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration |
| I70.561 | Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg |
| I70.562 | Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg |
| I70.563 | Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs |
| I70.568 | Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity |
| I70.569 | Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity |
| I70.631 | Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh |
| I70.632 | Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf |
| I70.633 | Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle |
| I70.634 | Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot |
| I70.635 | Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot |
| I70.638 | Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg |
| I70.639 | Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site |
| I70.641 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh |

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| Code | Description |
|---------|---|
| I70.642 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf |
| I70.643 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle |
| I70.644 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot |
| I70.645 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot |
| I70.648 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg |
| I70.649 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site |
| I70.65 | Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration |
| I70.661 | Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg |
| I70.662 | Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg |
| I70.663 | Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs |
| I70.668 | Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity |
| I70.669 | Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity |
| I70.731 | Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh |
| I70.732 | Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf |
| I70.733 | Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle |
| I70.734 | Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot |
| I70.735 | Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot |



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| Code | Description |
|---------|--|
| I70.738 | Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg |
| I70.739 | Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site |
| I70.741 | Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh |
| I70.742 | Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf |
| I70.743 | Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle |
| I70.744 | Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot |
| I70.745 | Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot |
| I70.748 | Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg |
| I70.749 | Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site |
| I70.75 | Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration |
| I70.761 | Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg |
| I70.762 | Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg |
| I70.763 | Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs |
| I70.768 | Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity |
| I70.769 | Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity |
| I70.90 | Unspecified atherosclerosis |
| I70.91 | Generalized atherosclerosis |
| I73.01 | Raynaud's syndrome with gangrene |
| I95.1 | Orthostatic hypotension |



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| Code | Description |
|---------|--|
| I96 | Gangrene, not elsewhere classified |
| J02.8 | Acute pharyngitis due to other specified organisms |
| J02.9 | Acute pharyngitis, unspecified |
| J12.0 | Adenoviral pneumonia |
| J12.1 | Respiratory syncytial virus pneumonia |
| J12.2 | Parainfluenza virus pneumonia |
| J12.3 | Human metapneumovirus pneumonia |
| J12.81 | Pneumonia due to SARS-associated coronavirus |
| J12.89 | Other viral pneumonia |
| J12.9 | Viral pneumonia, unspecified |
| J13 | Pneumonia due to Streptococcus pneumoniae |
| J14 | Pneumonia due to Hemophilus influenzae |
| J15.0 | Pneumonia due to Klebsiella pneumoniae |
| J15.1 | Pneumonia due to Pseudomonas |
| J15.20 | Pneumonia due to staphylococcus, unspecified |
| J15.211 | Pneumonia due to Methicillin susceptible Staphylococcus aureus |
| J15.212 | Pneumonia due to Methicillin resistant Staphylococcus aureus |
| J15.29 | Pneumonia due to other staphylococcus |
| J15.3 | Pneumonia due to streptococcus, group B |
| J15.4 | Pneumonia due to other streptococci |
| J15.5 | Pneumonia due to Escherichia coli |
| J15.6 | Pneumonia due to other aerobic Gram-negative bacteria |
| J15.7 | Pneumonia due to Mycoplasma pneumoniae |
| J15.8 | Pneumonia due to other specified bacteria |
| J15.9 | Unspecified bacterial pneumonia |
| J16.0 | Chlamydial pneumonia |
| J16.8 | Pneumonia due to other specified infectious organisms |
| J17 | Pneumonia in diseases classified elsewhere |



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| Code | Description |
|--------|--|
| J18.0 | Bronchopneumonia, unspecified organism |
| J18.1 | Lobar pneumonia, unspecified organism |
| J18.8 | Other pneumonia, unspecified organism |
| J18.9 | Pneumonia, unspecified organism |
| J20.0 | Acute bronchitis due to Mycoplasma pneumoniae |
| J20.1 | Acute bronchitis due to Hemophilus influenzae |
| J20.2 | Acute bronchitis due to streptococcus |
| J20.3 | Acute bronchitis due to coxsackievirus |
| J20.4 | Acute bronchitis due to parainfluenza virus |
| J20.5 | Acute bronchitis due to respiratory syncytial virus |
| J20.6 | Acute bronchitis due to rhinovirus |
| J20.7 | Acute bronchitis due to echovirus |
| J20.8 | Acute bronchitis due to other specified organisms |
| J20.9 | Acute bronchitis, unspecified |
| J40 | Bronchitis, not specified as acute or chronic |
| J41.0 | Simple chronic bronchitis |
| J41.1 | Mucopurulent chronic bronchitis |
| J41.8 | Mixed simple and mucopurulent chronic bronchitis |
| J42 | Unspecified chronic bronchitis |
| J44.0 | Chronic obstructive pulmonary disease with acute lower respiratory infection |
| J44.1 | Chronic obstructive pulmonary disease with (acute) exacerbation |
| J44.9 | Chronic obstructive pulmonary disease, unspecified |
| K11.7 | Disturbances of salivary secretion |
| K12.1 | Other forms of stomatitis |
| K12.2 | Cellulitis and abscess of mouth |
| K12.30 | Oral mucositis (ulcerative), unspecified |
| K12.39 | Other oral mucositis (ulcerative) |
| K29.70 | Gastritis, unspecified, without bleeding |



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| Code | Description |
|--|--|
| K29.71 | Gastritis, unspecified, with bleeding |
| K29.90 | Gastroduodenitis, unspecified, without bleeding |
| K29.91 | Gastroduodenitis, unspecified, with bleeding |
| K30 | Functional dyspepsia |
| K52.21 | Food protein-induced enterocolitis syndrome |
| K52.22 | Food protein-induced enteropathy |
| K52.29 | Other allergic and dietetic gastroenteritis and colitis |
| K52.89 | Other specified noninfective gastroenteritis and colitis |
| K59.31 Covered only for procedure code 82947. | Toxic megacolon |
| K70.41 | Alcoholic hepatic failure with coma |
| K71.11 | Toxic liver disease with hepatic necrosis, with coma |
| K72.01 | Acute and subacute hepatic failure with coma |
| K72.10 | Chronic hepatic failure without coma |
| K72.11 | Chronic hepatic failure with coma |
| K72.90 | Hepatic failure, unspecified without coma |
| K72.91 | Hepatic failure, unspecified with coma |
| K75.0 | Abscess of liver |
| K75.1 | Phlebitis of portal vein |
| K75.81 | Nonalcoholic steatohepatitis (NASH) |
| K76.0 | Fatty (change of) liver, not elsewhere classified |
| K76.6 | Portal hypertension |
| K76.7 | Hepatorenal syndrome |
| K76.89 | Other specified diseases of liver |
| K80.30 | Calculus of bile duct with cholangitis, unspecified, without obstruction |
| K80.31 | Calculus of bile duct with cholangitis, unspecified, with obstruction |

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| Code | Description |
|--------|--|
| K80.32 | Calculus of bile duct with acute cholangitis without obstruction |
| K80.33 | Calculus of bile duct with acute cholangitis with obstruction |
| K80.34 | Calculus of bile duct with chronic cholangitis without obstruction |
| K80.35 | Calculus of bile duct with chronic cholangitis with obstruction |
| K80.36 | Calculus of bile duct with acute and chronic cholangitis without obstruction |
| K80.37 | Calculus of bile duct with acute and chronic cholangitis with obstruction |
| K80.50 | Calculus of bile duct without cholangitis or cholecystitis without obstruction |
| K80.51 | Calculus of bile duct without cholangitis or cholecystitis with obstruction |
| K81.0 | Acute cholecystitis |
| K81.1 | Chronic cholecystitis |
| K81.2 | Acute cholecystitis with chronic cholecystitis |
| K81.9 | Cholecystitis, unspecified |
| K83.0 | Cholangitis |
| K85.00 | Idiopathic acute pancreatitis without necrosis or infection |
| K85.01 | Idiopathic acute pancreatitis with uninfected necrosis |
| K85.02 | Idiopathic acute pancreatitis with infected necrosis |
| K85.10 | Biliary acute pancreatitis without necrosis or infection |
| K85.11 | Biliary acute pancreatitis with uninfected necrosis |
| K85.12 | Biliary acute pancreatitis with infected necrosis |
| K85.20 | Alcohol induced acute pancreatitis without necrosis or infection |
| K85.21 | Alcohol induced acute pancreatitis with uninfected necrosis |
| K85.22 | Alcohol induced acute pancreatitis with infected necrosis |
| K85.30 | Drug induced acute pancreatitis without necrosis or infection |
| K85.31 | Drug induced acute pancreatitis with uninfected necrosis |
| K85.32 | Drug induced acute pancreatitis with infected necrosis |
| K85.80 | Other acute pancreatitis without necrosis or infection |
| K85.81 | Other acute pancreatitis with uninfected necrosis |
| K85.82 | Other acute pancreatitis with infected necrosis |



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| Code | Description |
|---------|---|
| K85.90 | Acute pancreatitis without necrosis or infection, unspecified |
| K85.91 | Acute pancreatitis with uninfected necrosis, unspecified |
| K85.92 | Acute pancreatitis with infected necrosis, unspecified |
| K86.0 | Alcohol-induced chronic pancreatitis |
| K86.1 | Other chronic pancreatitis |
| K86.81 | Exocrine pancreatic insufficiency |
| K86.89 | Other specified diseases of pancreas |
| K87 | Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere |
| L02.02 | Furuncle of face |
| L02.03 | Carbuncle of face |
| L02.12 | Furuncle of neck |
| L02.13 | Carbuncle of neck |
| L02.221 | Furuncle of abdominal wall |
| L02.222 | Furuncle of back [any part, except buttock] |
| L02.223 | Furuncle of chest wall |
| L02.224 | Furuncle of groin |
| L02.225 | Furuncle of perineum |
| L02.226 | Furuncle of umbilicus |
| L02.229 | Furuncle of trunk, unspecified |
| L02.231 | Carbuncle of abdominal wall |
| L02.232 | Carbuncle of back [any part, except buttock] |
| L02.233 | Carbuncle of chest wall |
| L02.234 | Carbuncle of groin |
| L02.235 | Carbuncle of perineum |
| L02.236 | Carbuncle of umbilicus |
| L02.239 | Carbuncle of trunk, unspecified |
| L02.32 | Furuncle of buttock |
| L02.33 | Carbuncle of buttock |

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| Code | Description |
|---------|--|
| L02.421 | Furuncle of right axilla |
| L02.422 | Furuncle of left axilla |
| L02.423 | Furuncle of right upper limb |
| L02.424 | Furuncle of left upper limb |
| L02.425 | Furuncle of right lower limb |
| L02.426 | Furuncle of left lower limb |
| L02.429 | Furuncle of limb, unspecified |
| L02.431 | Carbuncle of right axilla |
| L02.432 | Carbuncle of left axilla |
| L02.433 | Carbuncle of right upper limb |
| L02.434 | Carbuncle of left upper limb |
| L02.435 | Carbuncle of right lower limb |
| L02.436 | Carbuncle of left lower limb |
| L02.439 | Carbuncle of limb, unspecified |
| L02.521 | Furuncle right hand |
| L02.522 | Furuncle left hand |
| L02.529 | Furuncle unspecified hand |
| L02.531 | Carbuncle of right hand |
| L02.532 | Carbuncle of left hand |
| L02.539 | Carbuncle of unspecified hand |
| L02.621 | Furuncle of right foot |
| L02.622 | Furuncle of left foot |
| L02.629 | Furuncle of unspecified foot |
| L02.631 | Carbuncle of right foot |
| L02.632 | Carbuncle of left foot |
| L02.639 | Carbuncle of unspecified foot |
| L02.821 | Furuncle of head [any part, except face] |
| L02.828 | Furuncle of other sites |



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| Code | Description |
|---------|--|
| L02.831 | Carbuncle of head [any part, except face] |
| L02.838 | Carbuncle of other sites |
| L02.92 | Furuncle, unspecified |
| L02.93 | Carbuncle, unspecified |
| L08.0 | Pyoderma |
| L08.81 | Pyoderma vegetans |
| L08.82 | Omphalitis not of newborn |
| L08.89 | Other specified local infections of the skin and subcutaneous tissue |
| L08.9 | Local infection of the skin and subcutaneous tissue, unspecified |
| L29.0 | Pruritus ani |
| L29.1 | Pruritus scroti |
| L29.2 | Pruritus vulvae |
| L29.3 | Anogenital pruritus, unspecified |
| L68.0 | Hirsutism |
| L68.1 | Acquired hypertrichosis lanuginosa |
| L68.2 | Localized hypertrichosis |
| L68.3 | Polytrichia |
| L68.8 | Other hypertrichosis |
| L68.9 | Hypertrichosis, unspecified |
| L74.4 | Anhidrosis |
| L88 | Pyoderma gangrenosum |
| L89.000 | Pressure ulcer of unspecified elbow, unstageable |
| L89.001 | Pressure ulcer of unspecified elbow, stage 1 |
| L89.002 | Pressure ulcer of unspecified elbow, stage 2 |
| L89.003 | Pressure ulcer of unspecified elbow, stage 3 |
| L89.004 | Pressure ulcer of unspecified elbow, stage 4 |
| L89.009 | Pressure ulcer of unspecified elbow, unspecified stage |
| L89.010 | Pressure ulcer of right elbow, unstageable |



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| Code | Description |
|---------|---|
| L89.011 | Pressure ulcer of right elbow, stage 1 |
| L89.012 | Pressure ulcer of right elbow, stage 2 |
| L89.013 | Pressure ulcer of right elbow, stage 3 |
| L89.014 | Pressure ulcer of right elbow, stage 4 |
| L89.019 | Pressure ulcer of right elbow, unspecified stage |
| L89.020 | Pressure ulcer of left elbow, unstageable |
| L89.021 | Pressure ulcer of left elbow, stage 1 |
| L89.022 | Pressure ulcer of left elbow, stage 2 |
| L89.023 | Pressure ulcer of left elbow, stage 3 |
| L89.024 | Pressure ulcer of left elbow, stage 4 |
| L89.029 | Pressure ulcer of left elbow, unspecified stage |
| L89.100 | Pressure ulcer of unspecified part of back, unstageable |
| L89.101 | Pressure ulcer of unspecified part of back, stage 1 |
| L89.102 | Pressure ulcer of unspecified part of back, stage 2 |
| L89.103 | Pressure ulcer of unspecified part of back, stage 3 |
| L89.104 | Pressure ulcer of unspecified part of back, stage 4 |
| L89.109 | Pressure ulcer of unspecified part of back, unspecified stage |
| L89.110 | Pressure ulcer of right upper back, unstageable |
| L89.111 | Pressure ulcer of right upper back, stage 1 |
| L89.112 | Pressure ulcer of right upper back, stage 2 |
| L89.113 | Pressure ulcer of right upper back, stage 3 |
| L89.114 | Pressure ulcer of right upper back, stage 4 |
| L89.119 | Pressure ulcer of right upper back, unspecified stage |
| L89.120 | Pressure ulcer of left upper back, unstageable |
| L89.121 | Pressure ulcer of left upper back, stage 1 |
| L89.122 | Pressure ulcer of left upper back, stage 2 |
| L89.123 | Pressure ulcer of left upper back, stage 3 |
| L89.124 | Pressure ulcer of left upper back, stage 4 |



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| Code | Description |
|---------|---|
| L89.129 | Pressure ulcer of left upper back, unspecified stage |
| L89.130 | Pressure ulcer of right lower back, unstageable |
| L89.131 | Pressure ulcer of right lower back, stage 1 |
| L89.132 | Pressure ulcer of right lower back, stage 2 |
| L89.133 | Pressure ulcer of right lower back, stage 3 |
| L89.134 | Pressure ulcer of right lower back, stage 4 |
| L89.139 | Pressure ulcer of right lower back, unspecified stage |
| L89.140 | Pressure ulcer of left lower back, unstageable |
| L89.141 | Pressure ulcer of left lower back, stage 1 |
| L89.142 | Pressure ulcer of left lower back, stage 2 |
| L89.143 | Pressure ulcer of left lower back, stage 3 |
| L89.144 | Pressure ulcer of left lower back, stage 4 |
| L89.149 | Pressure ulcer of left lower back, unspecified stage |
| L89.150 | Pressure ulcer of sacral region, unstageable |
| L89.151 | Pressure ulcer of sacral region, stage 1 |
| L89.152 | Pressure ulcer of sacral region, stage 2 |
| L89.153 | Pressure ulcer of sacral region, stage 3 |
| L89.154 | Pressure ulcer of sacral region, stage 4 |
| L89.159 | Pressure ulcer of sacral region, unspecified stage |
| L89.200 | Pressure ulcer of unspecified hip, unstageable |
| L89.201 | Pressure ulcer of unspecified hip, stage 1 |
| L89.202 | Pressure ulcer of unspecified hip, stage 2 |
| L89.203 | Pressure ulcer of unspecified hip, stage 3 |
| L89.204 | Pressure ulcer of unspecified hip, stage 4 |
| L89.209 | Pressure ulcer of unspecified hip, unspecified stage |
| L89.210 | Pressure ulcer of right hip, unstageable |
| L89.211 | Pressure ulcer of right hip, stage 1 |
| L89.212 | Pressure ulcer of right hip, stage 2 |



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| Code | Description |
|---------|---|
| L89.213 | Pressure ulcer of right hip, stage 3 |
| L89.214 | Pressure ulcer of right hip, stage 4 |
| L89.219 | Pressure ulcer of right hip, unspecified stage |
| L89.220 | Pressure ulcer of left hip, unstageable |
| L89.221 | Pressure ulcer of left hip, stage 1 |
| L89.222 | Pressure ulcer of left hip, stage 2 |
| L89.223 | Pressure ulcer of left hip, stage 3 |
| L89.224 | Pressure ulcer of left hip, stage 4 |
| L89.229 | Pressure ulcer of left hip, unspecified stage |
| L89.300 | Pressure ulcer of unspecified buttock, unstageable |
| L89.301 | Pressure ulcer of unspecified buttock, stage 1 |
| L89.302 | Pressure ulcer of unspecified buttock, stage 2 |
| L89.303 | Pressure ulcer of unspecified buttock, stage 3 |
| L89.304 | Pressure ulcer of unspecified buttock, stage 4 |
| L89.309 | Pressure ulcer of unspecified buttock, unspecified stage |
| L89.310 | Pressure ulcer of right buttock, unstageable |
| L89.311 | Pressure ulcer of right buttock, stage 1 |
| L89.312 | Pressure ulcer of right buttock, stage 2 |
| L89.313 | Pressure ulcer of right buttock, stage 3 |
| L89.314 | Pressure ulcer of right buttock, stage 4 |
| L89.319 | Pressure ulcer of right buttock, unspecified stage |
| L89.320 | Pressure ulcer of left buttock, unstageable |
| L89.321 | Pressure ulcer of left buttock, stage 1 |
| L89.322 | Pressure ulcer of left buttock, stage 2 |
| L89.323 | Pressure ulcer of left buttock, stage 3 |
| L89.324 | Pressure ulcer of left buttock, stage 4 |
| L89.329 | Pressure ulcer of left buttock, unspecified stage |
| L89.40 | Pressure ulcer of contiguous site of back, buttock and hip, unspecified stage |



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| Code | Description |
|-------------|---|
| L89.41 | Pressure ulcer of contiguous site of back, buttock and hip, stage 1 |
| L89.42 | Pressure ulcer of contiguous site of back, buttock and hip, stage 2 |
| L89.43 | Pressure ulcer of contiguous site of back, buttock and hip, stage 3 |
| L89.44 | Pressure ulcer of contiguous site of back, buttock and hip, stage 4 |
| L89.45 | Pressure ulcer of contiguous site of back, buttock and hip, unstageable |
| L89.500 | Pressure ulcer of unspecified ankle, unstageable |
| L89.501 | Pressure ulcer of unspecified ankle, stage 1 |
| L89.502 | Pressure ulcer of unspecified ankle, stage 2 |
| L89.503 | Pressure ulcer of unspecified ankle, stage 3 |
| L89.504 | Pressure ulcer of unspecified ankle, stage 4 |
| L89.509 | Pressure ulcer of unspecified ankle, unspecified stage |
| L89.510 | Pressure ulcer of right ankle, unstageable |
| L89.511 | Pressure ulcer of right ankle, stage 1 |
| L89.512 | Pressure ulcer of right ankle, stage 2 |
| L89.513 | Pressure ulcer of right ankle, stage 3 |
| L89.514 | Pressure ulcer of right ankle, stage 4 |
| L89.519 | Pressure ulcer of right ankle, unspecified stage |
| L89.520 | Pressure ulcer of left ankle, unstageable |
| L89.521 | Pressure ulcer of left ankle, stage 1 |
| L89.522 | Pressure ulcer of left ankle, stage 2 |
| L89.523 | Pressure ulcer of left ankle, stage 3 |
| L89.524 | Pressure ulcer of left ankle, stage 4 |
| L89.529 | Pressure ulcer of left ankle, unspecified stage |
| L89.600 | Pressure ulcer of unspecified heel, unstageable |
| L89.601 | Pressure ulcer of unspecified heel, stage 1 |
| L89.602 | Pressure ulcer of unspecified heel, stage 2 |
| L89.603 | Pressure ulcer of unspecified heel, stage 3 |
| L89.604 | Pressure ulcer of unspecified heel, stage 4 |



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| Code | Description |
|---------|---|
| L89.609 | Pressure ulcer of unspecified heel, unspecified stage |
| L89.610 | Pressure ulcer of right heel, unstageable |
| L89.611 | Pressure ulcer of right heel, stage 1 |
| L89.612 | Pressure ulcer of right heel, stage 2 |
| L89.613 | Pressure ulcer of right heel, stage 3 |
| L89.614 | Pressure ulcer of right heel, stage 4 |
| L89.619 | Pressure ulcer of right heel, unspecified stage |
| L89.620 | Pressure ulcer of left heel, unstageable |
| L89.621 | Pressure ulcer of left heel, stage 1 |
| L89.622 | Pressure ulcer of left heel, stage 2 |
| L89.623 | Pressure ulcer of left heel, stage 3 |
| L89.624 | Pressure ulcer of left heel, stage 4 |
| L89.629 | Pressure ulcer of left heel, unspecified stage |
| L89.810 | Pressure ulcer of head, unstageable |
| L89.811 | Pressure ulcer of head, stage 1 |
| L89.812 | Pressure ulcer of head, stage 2 |
| L89.813 | Pressure ulcer of head, stage 3 |
| L89.814 | Pressure ulcer of head, stage 4 |
| L89.819 | Pressure ulcer of head, unspecified stage |
| L89.890 | Pressure ulcer of other site, unstageable |
| L89.891 | Pressure ulcer of other site, stage 1 |
| L89.892 | Pressure ulcer of other site, stage 2 |
| L89.893 | Pressure ulcer of other site, stage 3 |
| L89.894 | Pressure ulcer of other site, stage 4 |
| L89.899 | Pressure ulcer of other site, unspecified stage |
| L89.90 | Pressure ulcer of unspecified site, unspecified stage |
| L89.91 | Pressure ulcer of unspecified site, stage 1 |
| L89.92 | Pressure ulcer of unspecified site, stage 2 |



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| Code | Description |
|---------|--|
| L89.93 | Pressure ulcer of unspecified site, stage 3 |
| L89.94 | Pressure ulcer of unspecified site, stage 4 |
| L89.95 | Pressure ulcer of unspecified site, unstageable |
| L92.1 | Necrobiosis lipoidica, not elsewhere classified |
| L92.8 | Other granulomatous disorders of the skin and subcutaneous tissue |
| L94.2 | Calcinosis cutis |
| L97.101 | Non-pressure chronic ulcer of unspecified thigh limited to breakdown of skin |
| L97.102 | Non-pressure chronic ulcer of unspecified thigh with fat layer exposed |
| L97.103 | Non-pressure chronic ulcer of unspecified thigh with necrosis of muscle |
| L97.104 | Non-pressure chronic ulcer of unspecified thigh with necrosis of bone |
| L97.109 | Non-pressure chronic ulcer of unspecified thigh with unspecified severity |
| L97.111 | Non-pressure chronic ulcer of right thigh limited to breakdown of skin |
| L97.112 | Non-pressure chronic ulcer of right thigh with fat layer exposed |
| L97.113 | Non-pressure chronic ulcer of right thigh with necrosis of muscle |
| L97.114 | Non-pressure chronic ulcer of right thigh with necrosis of bone |
| L97.119 | Non-pressure chronic ulcer of right thigh with unspecified severity |
| L97.121 | Non-pressure chronic ulcer of left thigh limited to breakdown of skin |
| L97.122 | Non-pressure chronic ulcer of left thigh with fat layer exposed |
| L97.123 | Non-pressure chronic ulcer of left thigh with necrosis of muscle |
| L97.124 | Non-pressure chronic ulcer of left thigh with necrosis of bone |
| L97.129 | Non-pressure chronic ulcer of left thigh with unspecified severity |
| L97.201 | Non-pressure chronic ulcer of unspecified calf limited to breakdown of skin |
| L97.202 | Non-pressure chronic ulcer of unspecified calf with fat layer exposed |
| L97.203 | Non-pressure chronic ulcer of unspecified calf with necrosis of muscle |
| L97.204 | Non-pressure chronic ulcer of unspecified calf with necrosis of bone |
| L97.209 | Non-pressure chronic ulcer of unspecified calf with unspecified severity |
| L97.211 | Non-pressure chronic ulcer of right calf limited to breakdown of skin |
| L97.212 | Non-pressure chronic ulcer of right calf with fat layer exposed |



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| Code | Description |
|---------|---|
| L97.213 | Non-pressure chronic ulcer of right calf with necrosis of muscle |
| L97.214 | Non-pressure chronic ulcer of right calf with necrosis of bone |
| L97.219 | Non-pressure chronic ulcer of right calf with unspecified severity |
| L97.221 | Non-pressure chronic ulcer of left calf limited to breakdown of skin |
| L97.222 | Non-pressure chronic ulcer of left calf with fat layer exposed |
| L97.223 | Non-pressure chronic ulcer of left calf with necrosis of muscle |
| L97.224 | Non-pressure chronic ulcer of left calf with necrosis of bone |
| L97.229 | Non-pressure chronic ulcer of left calf with unspecified severity |
| L97.301 | Non-pressure chronic ulcer of unspecified ankle limited to breakdown of skin |
| L97.302 | Non-pressure chronic ulcer of unspecified ankle with fat layer exposed |
| L97.303 | Non-pressure chronic ulcer of unspecified ankle with necrosis of muscle |
| L97.304 | Non-pressure chronic ulcer of unspecified ankle with necrosis of bone |
| L97.309 | Non-pressure chronic ulcer of unspecified ankle with unspecified severity |
| L97.311 | Non-pressure chronic ulcer of right ankle limited to breakdown of skin |
| L97.312 | Non-pressure chronic ulcer of right ankle with fat layer exposed |
| L97.313 | Non-pressure chronic ulcer of right ankle with necrosis of muscle |
| L97.314 | Non-pressure chronic ulcer of right ankle with necrosis of bone |
| L97.319 | Non-pressure chronic ulcer of right ankle with unspecified severity |
| L97.321 | Non-pressure chronic ulcer of left ankle limited to breakdown of skin |
| L97.322 | Non-pressure chronic ulcer of left ankle with fat layer exposed |
| L97.323 | Non-pressure chronic ulcer of left ankle with necrosis of muscle |
| L97.324 | Non-pressure chronic ulcer of left ankle with necrosis of bone |
| L97.329 | Non-pressure chronic ulcer of left ankle with unspecified severity |
| L97.401 | Non-pressure chronic ulcer of unspecified heel and midfoot limited to breakdown of skin |
| L97.402 | Non-pressure chronic ulcer of unspecified heel and midfoot with fat layer exposed |
| L97.403 | Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of muscle |
| L97.404 | Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of bone |

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| Code | Description |
|---------|---|
| L97.409 | Non-pressure chronic ulcer of unspecified heel and midfoot with unspecified severity |
| L97.411 | Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin |
| L97.412 | Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed |
| L97.413 | Non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle |
| L97.414 | Non-pressure chronic ulcer of right heel and midfoot with necrosis of bone |
| L97.419 | Non-pressure chronic ulcer of right heel and midfoot with unspecified severity |
| L97.421 | Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin |
| L97.422 | Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed |
| L97.423 | Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle |
| L97.424 | Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone |
| L97.429 | Non-pressure chronic ulcer of left heel and midfoot with unspecified severity |
| L97.501 | Non-pressure chronic ulcer of other part of unspecified foot limited to breakdown of skin |
| L97.502 | Non-pressure chronic ulcer of other part of unspecified foot with fat layer exposed |
| L97.503 | Non-pressure chronic ulcer of other part of unspecified foot with necrosis of muscle |
| L97.504 | Non-pressure chronic ulcer of other part of unspecified foot with necrosis of bone |
| L97.509 | Non-pressure chronic ulcer of other part of unspecified foot with unspecified severity |
| L97.511 | Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin |
| L97.512 | Non-pressure chronic ulcer of other part of right foot with fat layer exposed |
| L97.513 | Non-pressure chronic ulcer of other part of right foot with necrosis of muscle |
| L97.514 | Non-pressure chronic ulcer of other part of right foot with necrosis of bone |
| L97.519 | Non-pressure chronic ulcer of other part of right foot with unspecified severity |
| L97.521 | Non-pressure chronic ulcer of other part of left foot limited to breakdown of skin |
| L97.522 | Non-pressure chronic ulcer of other part of left foot with fat layer exposed |
| L97.523 | Non-pressure chronic ulcer of other part of left foot with necrosis of muscle |
| L97.524 | Non-pressure chronic ulcer of other part of left foot with necrosis of bone |
| L97.529 | Non-pressure chronic ulcer of other part of left foot with unspecified severity |

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| Code | Description |
|---------|--|
| L97.801 | Non-pressure chronic ulcer of other part of unspecified lower leg limited to breakdown of skin |
| L97.802 | Non-pressure chronic ulcer of other part of unspecified lower leg with fat layer exposed |
| L97.803 | Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of muscle |
| L97.804 | Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of bone |
| L97.809 | Non-pressure chronic ulcer of other part of unspecified lower leg with unspecified severity |
| L97.811 | Non-pressure chronic ulcer of other part of right lower leg limited to breakdown of skin |
| L97.812 | Non-pressure chronic ulcer of other part of right lower leg with fat layer exposed |
| L97.813 | Non-pressure chronic ulcer of other part of right lower leg with necrosis of muscle |
| L97.814 | Non-pressure chronic ulcer of other part of right lower leg with necrosis of bone |
| L97.819 | Non-pressure chronic ulcer of other part of right lower leg with unspecified severity |
| L97.821 | Non-pressure chronic ulcer of other part of left lower leg limited to breakdown of skin |
| L97.822 | Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed |
| L97.823 | Non-pressure chronic ulcer of other part of left lower leg with necrosis of muscle |
| L97.824 | Non-pressure chronic ulcer of other part of left lower leg with necrosis of bone |
| L97.829 | Non-pressure chronic ulcer of other part of left lower leg with unspecified severity |
| L97.901 | Non-pressure chronic ulcer of unspecified part of unspecified lower leg limited to breakdown of skin |
| L97.902 | Non-pressure chronic ulcer of unspecified part of unspecified lower leg with fat layer exposed |
| L97.903 | Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of muscle |
| L97.904 | Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of bone |
| L97.909 | Non-pressure chronic ulcer of unspecified part of unspecified lower leg with unspecified severity |



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| Code | Description |
|---------|--|
| L97.911 | Non-pressure chronic ulcer of unspecified part of right lower leg limited to breakdown of skin |
| L97.912 | Non-pressure chronic ulcer of unspecified part of right lower leg with fat layer exposed |
| L97.913 | Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of muscle |
| L97.914 | Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of bone |
| L97.919 | Non-pressure chronic ulcer of unspecified part of right lower leg with unspecified severity |
| L97.921 | Non-pressure chronic ulcer of unspecified part of left lower leg limited to breakdown of skin |
| L97.922 | Non-pressure chronic ulcer of unspecified part of left lower leg with fat layer exposed |
| L97.923 | Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of muscle |
| L97.924 | Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of bone |
| L97.929 | Non-pressure chronic ulcer of unspecified part of left lower leg with unspecified severity |
| L98.0 | Pyogenic granuloma |
| L98.411 | Non-pressure chronic ulcer of buttock limited to breakdown of skin |
| L98.412 | Non-pressure chronic ulcer of buttock with fat layer exposed |
| L98.413 | Non-pressure chronic ulcer of buttock with necrosis of muscle |
| L98.414 | Non-pressure chronic ulcer of buttock with necrosis of bone |
| L98.419 | Non-pressure chronic ulcer of buttock with unspecified severity |
| L98.421 | Non-pressure chronic ulcer of back limited to breakdown of skin |
| L98.422 | Non-pressure chronic ulcer of back with fat layer exposed |
| L98.423 | Non-pressure chronic ulcer of back with necrosis of muscle |
| L98.424 | Non-pressure chronic ulcer of back with necrosis of bone |
| L98.429 | Non-pressure chronic ulcer of back with unspecified severity |



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| Code | Description |
|---|--|
| L98.491 | Non-pressure chronic ulcer of skin of other sites limited to breakdown of skin |
| L98.492 | Non-pressure chronic ulcer of skin of other sites with fat layer exposed |
| L98.493 | Non-pressure chronic ulcer of skin of other sites with necrosis of muscle |
| L98.494 | Non-pressure chronic ulcer of skin of other sites with necrosis of bone |
| L98.499 | Non-pressure chronic ulcer of skin of other sites with unspecified severity |
| L98.8 | Other specified disorders of the skin and subcutaneous tissue |
| M04.1 Covered only for procedure code 82947. | Periodic fever syndromes |
| M60.80 | Other myositis, unspecified site |
| M60.811 | Other myositis, right shoulder |
| M60.812 | Other myositis, left shoulder |
| M60.819 | Other myositis, unspecified shoulder |
| M60.821 | Other myositis, right upper arm |
| M60.822 | Other myositis, left upper arm |
| M60.829 | Other myositis, unspecified upper arm |
| M60.831 | Other myositis, right forearm |
| M60.832 | Other myositis, left forearm |
| M60.839 | Other myositis, unspecified forearm |
| M60.841 | Other myositis, right hand |
| M60.842 | Other myositis, left hand |
| M60.849 | Other myositis, unspecified hand |
| M60.851 | Other myositis, right thigh |
| M60.852 | Other myositis, left thigh |
| M60.859 | Other myositis, unspecified thigh |
| M60.861 | Other myositis, right lower leg |
| M60.862 | Other myositis, left lower leg |



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| Code | Description |
|---------|---|
| M60.869 | Other myositis, unspecified lower leg |
| M60.871 | Other myositis, right ankle and foot |
| M60.872 | Other myositis, left ankle and foot |
| M60.879 | Other myositis, unspecified ankle and foot |
| M60.88 | Other myositis, other site |
| M60.89 | Other myositis, multiple sites |
| M60.9 | Myositis, unspecified |
| M79.1 | Myalgia |
| M79.7 | Fibromyalgia |
| M86.071 | Acute hematogenous osteomyelitis, right ankle and foot |
| M86.072 | Acute hematogenous osteomyelitis, left ankle and foot |
| M86.079 | Acute hematogenous osteomyelitis, unspecified ankle and foot |
| M86.171 | Other acute osteomyelitis, right ankle and foot |
| M86.172 | Other acute osteomyelitis, left ankle and foot |
| M86.179 | Other acute osteomyelitis, unspecified ankle and foot |
| M86.271 | Subacute osteomyelitis, right ankle and foot |
| M86.272 | Subacute osteomyelitis, left ankle and foot |
| M86.279 | Subacute osteomyelitis, unspecified ankle and foot |
| M86.371 | Chronic multifocal osteomyelitis, right ankle and foot |
| M86.372 | Chronic multifocal osteomyelitis, left ankle and foot |
| M86.379 | Chronic multifocal osteomyelitis, unspecified ankle and foot |
| M86.471 | Chronic osteomyelitis with draining sinus, right ankle and foot |
| M86.472 | Chronic osteomyelitis with draining sinus, left ankle and foot |
| M86.479 | Chronic osteomyelitis with draining sinus, unspecified ankle and foot |
| M86.571 | Other chronic hematogenous osteomyelitis, right ankle and foot |
| M86.572 | Other chronic hematogenous osteomyelitis, left ankle and foot |
| M86.579 | Other chronic hematogenous osteomyelitis, unspecified ankle and foot |
| M86.671 | Other chronic osteomyelitis, right ankle and foot |



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| Code | Description |
|---------|--|
| M86.672 | Other chronic osteomyelitis, left ankle and foot |
| M86.679 | Other chronic osteomyelitis, unspecified ankle and foot |
| M86.8X7 | Other osteomyelitis, ankle and foot |
| M86.9 | Osteomyelitis, unspecified |
| N10 | Acute pyelonephritis |
| N11.0 | Nonobstructive reflux-associated chronic pyelonephritis |
| N11.1 | Chronic obstructive pyelonephritis |
| N11.8 | Other chronic tubulo-interstitial nephritis |
| N11.9 | Chronic tubulo-interstitial nephritis, unspecified |
| N12 | Tubulo-interstitial nephritis, not specified as acute or chronic |
| N13.6 | Pyonephrosis |
| N15.1 | Renal and perinephric abscess |
| N15.9 | Renal tubulo-interstitial disease, unspecified |
| N16 | Renal tubulo-interstitial disorders in diseases classified elsewhere |
| N28.84 | Pyelitis cystica |
| N28.85 | Pyeloureteritis cystica |
| N28.86 | Ureteritis cystica |
| N30.90 | Cystitis, unspecified without hematuria |
| N30.91 | Cystitis, unspecified with hematuria |
| N31.2 | Flaccid neuropathic bladder, not elsewhere classified |
| N39.0 | Urinary tract infection, site not specified |
| N44.1 | Cyst of tunica albuginea testis |
| N44.2 | Benign cyst of testis |
| N44.8 | Other noninflammatory disorders of the testis |
| N50.3 | Cyst of epididymis |
| N50.811 | Right testicular pain |
| N50.812 | Left testicular pain |
| N50.819 | Testicular pain, unspecified |



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| Code | Description |
|--------|---|
| N50.82 | Scrotal pain |
| N50.89 | Other specified disorders of the male genital organs |
| N52.01 | Erectile dysfunction due to arterial insufficiency |
| N52.02 | Corporo-venous occlusive erectile dysfunction |
| N52.03 | Combined arterial insufficiency and corporo-venous occlusive erectile dysfunction |
| N52.1 | Erectile dysfunction due to diseases classified elsewhere |
| N52.2 | Drug-induced erectile dysfunction |
| N52.31 | Erectile dysfunction following radical prostatectomy |
| N52.32 | Erectile dysfunction following radical cystectomy |
| N52.33 | Erectile dysfunction following urethral surgery |
| N52.34 | Erectile dysfunction following simple prostatectomy |
| N52.35 | Erectile dysfunction following radiation therapy |
| N52.36 | Erectile dysfunction following interstitial seed therapy |
| N52.37 | Erectile dysfunction following prostate ablative therapy |
| N52.39 | Other and unspecified postprocedural erectile dysfunction |
| N52.8 | Other male erectile dysfunction |
| N52.9 | Male erectile dysfunction, unspecified |
| N53.12 | Painful ejaculation |
| N53.8 | Other male sexual dysfunction |
| N53.9 | Unspecified male sexual dysfunction |
| N76.0 | Acute vaginitis |
| N76.1 | Subacute and chronic vaginitis |
| N76.2 | Acute vulvitis |
| N76.3 | Subacute and chronic vulvitis |
| N91.0 | Primary amenorrhea |
| N91.1 | Secondary amenorrhea |
| N91.2 | Amenorrhea, unspecified |
| N92.5 | Other specified irregular menstruation |



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| Code | Description |
|-------------|---|
| N92.6 | Irregular menstruation, unspecified |
| N97.9 | Female infertility, unspecified |
| O09.00 | Supervision of pregnancy with history of infertility, unspecified trimester |
| O09.01 | Supervision of pregnancy with history of infertility, first trimester |
| O09.02 | Supervision of pregnancy with history of infertility, second trimester |
| O09.03 | Supervision of pregnancy with history of infertility, third trimester |
| O09.10 | Supervision of pregnancy with history of ectopic pregnancy, unspecified trimester |
| O09.11 | Supervision of pregnancy with history of ectopic pregnancy, first trimester |
| O09.12 | Supervision of pregnancy with history of ectopic pregnancy, second trimester |
| O09.13 | Supervision of pregnancy with history of ectopic pregnancy, third trimester |
| O09.211 | Supervision of pregnancy with history of pre-term labor, first trimester |
| O09.212 | Supervision of pregnancy with history of pre-term labor, second trimester |
| O09.213 | Supervision of pregnancy with history of pre-term labor, third trimester |
| O09.219 | Supervision of pregnancy with history of pre-term labor, unspecified trimester |
| O09.291 | Supervision of pregnancy with other poor reproductive or obstetric history, first trimester |
| O09.292 | Supervision of pregnancy with other poor reproductive or obstetric history, second trimester |
| O09.293 | Supervision of pregnancy with other poor reproductive or obstetric history, third trimester |
| O09.299 | Supervision of pregnancy with other poor reproductive or obstetric history, unspecified trimester |
| O09.30 | Supervision of pregnancy with insufficient antenatal care, unspecified trimester |
| O09.31 | Supervision of pregnancy with insufficient antenatal care, first trimester |
| O09.32 | Supervision of pregnancy with insufficient antenatal care, second trimester |
| O09.33 | Supervision of pregnancy with insufficient antenatal care, third trimester |
| O09.40 | Supervision of pregnancy with grand multiparity, unspecified trimester |
| O09.41 | Supervision of pregnancy with grand multiparity, first trimester |
| O09.42 | Supervision of pregnancy with grand multiparity, second trimester |
| O09.43 | Supervision of pregnancy with grand multiparity, third trimester |

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| Code | Description |
|---------|--|
| O09.511 | Supervision of elderly primigravida, first trimester |
| O09.512 | Supervision of elderly primigravida, second trimester |
| O09.513 | Supervision of elderly primigravida, third trimester |
| O09.519 | Supervision of elderly primigravida, unspecified trimester |
| O09.521 | Supervision of elderly multigravida, first trimester |
| O09.522 | Supervision of elderly multigravida, second trimester |
| O09.523 | Supervision of elderly multigravida, third trimester |
| O09.529 | Supervision of elderly multigravida, unspecified trimester |
| O09.611 | Supervision of young primigravida, first trimester |
| O09.612 | Supervision of young primigravida, second trimester |
| O09.613 | Supervision of young primigravida, third trimester |
| O09.619 | Supervision of young primigravida, unspecified trimester |
| O09.621 | Supervision of young multigravida, first trimester |
| O09.622 | Supervision of young multigravida, second trimester |
| O09.623 | Supervision of young multigravida, third trimester |
| O09.629 | Supervision of young multigravida, unspecified trimester |
| O09.70 | Supervision of high risk pregnancy due to social problems, unspecified trimester |
| O09.71 | Supervision of high risk pregnancy due to social problems, first trimester |
| O09.72 | Supervision of high risk pregnancy due to social problems, second trimester |
| O09.73 | Supervision of high risk pregnancy due to social problems, third trimester |
| O09.811 | Supervision of pregnancy resulting from assisted reproductive technology, first trimester |
| O09.812 | Supervision of pregnancy resulting from assisted reproductive technology, second trimester |
| O09.813 | Supervision of pregnancy resulting from assisted reproductive technology, third trimester |
| O09.819 | Supervision of pregnancy resulting from assisted reproductive technology, unspecified trimester |
| O09.821 | Supervision of pregnancy with history of in utero procedure during previous pregnancy, first trimester |



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| Code | Description |
|--|--|
| O09.822 | Supervision of pregnancy with history of in utero procedure during previous pregnancy, second trimester |
| O09.823 | Supervision of pregnancy with history of in utero procedure during previous pregnancy, third trimester |
| O09.829 | Supervision of pregnancy with history of in utero procedure during previous pregnancy, unspecified trimester |
| O09.891 | Supervision of other high risk pregnancies, first trimester |
| O09.892 | Supervision of other high risk pregnancies, second trimester |
| O09.893 | Supervision of other high risk pregnancies, third trimester |
| O09.899 | Supervision of other high risk pregnancies, unspecified trimester |
| O09.90 | Supervision of high risk pregnancy, unspecified, unspecified trimester |
| O09.91 | Supervision of high risk pregnancy, unspecified, first trimester |
| O09.92 | Supervision of high risk pregnancy, unspecified, second trimester |
| O09.93 | Supervision of high risk pregnancy, unspecified, third trimester |
| O09.A0 Covered only for procedure code 82947. | Supervision of pregnancy with history of molar pregnancy, unspecified trimester |
| O09.A1 Covered only for procedure code 82947. | Supervision of pregnancy with history of molar pregnancy, first trimester |
| O09.A2 Covered only for procedure code 82947. | Supervision of pregnancy with history of molar pregnancy, second trimester |



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| Code | Description |
|--|---|
| O09.A3 Covered only for procedure code 82947. | Supervision of pregnancy with history of molar pregnancy, third trimester |
| O11.4 | Pre-existing hypertension with pre-eclampsia, complicating childbirth |
| O11.5 | Pre-existing hypertension with pre-eclampsia, complicating the puerperium |
| O12.04 Covered only for procedure code 82947. | Gestational edema, complicating childbirth |
| O12.05 Covered only for procedure code 82947. | Gestational edema, complicating the puerperium |
| O12.14 Covered only for procedure code 82947. | Gestational proteinuria, complicating childbirth |
| O12.15 Covered only for procedure code 82947. | Gestational proteinuria, complicating the puerperium |



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| Code | Description |
|--|---|
| O12.24 Covered only for procedure code 82947. | Gestational edema with proteinuria, complicating childbirth |
| O12.25 Covered only for procedure code 82947. | Gestational edema with proteinuria, complicating the puerperium |
| O13.4 Covered only for procedure code 82947. | Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth |
| O13.5 Covered only for procedure code 82947. | Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating the puerperium |
| O14.04 Covered only for procedure code 82947. | Mild to moderate pre-eclampsia, complicating childbirth |
| O14.05 Covered only for procedure code 82947. | Mild to moderate pre-eclampsia, complicating the puerperium |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| O14.14 Covered only for procedure code 82947. | Severe pre-eclampsia complicating childbirth |
| O14.15 Covered only for procedure code 82947. | Severe pre-eclampsia, complicating the puerperium |
| O14.24 Covered only for procedure code 82947. | HELLP syndrome, complicating childbirth |
| O14.25 Covered only for procedure code 82947. | HELLP syndrome, complicating the puerperium |
| O14.94 Covered only for procedure code 82947. | Unspecified pre-eclampsia, complicating childbirth |
| O14.95 Covered only for procedure code 82947. | Unspecified pre-eclampsia, complicating the puerperium |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|---|--|
| O16.4 Covered only for procedure code 82947. | Unspecified maternal hypertension, complicating childbirth |
| O16.5 | Unspecified maternal hypertension, complicating the puerperium |
| O24.011 | Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester |
| O24.012 | Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester |
| O24.013 | Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester |
| O24.019 | Pre-existing type 1 diabetes mellitus, in pregnancy, unspecified trimester |
| O24.03 | Pre-existing type 1 diabetes mellitus, in the puerperium |
| O24.111 | Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester |
| O24.112 | Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester |
| O24.113 | Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester |
| O24.119 | Pre-existing type 2 diabetes mellitus, in pregnancy, unspecified trimester |
| O24.13 | Pre-existing type 2 diabetes mellitus, in the puerperium |
| O24.311 | Unspecified pre-existing diabetes mellitus in pregnancy, first trimester |
| O24.312 | Unspecified pre-existing diabetes mellitus in pregnancy, second trimester |
| O24.313 | Unspecified pre-existing diabetes mellitus in pregnancy, third trimester |
| O24.319 | Unspecified pre-existing diabetes mellitus in pregnancy, unspecified trimester |
| O24.33 | Unspecified pre-existing diabetes mellitus in the puerperium |
| O24.410 | Gestational diabetes mellitus in pregnancy, diet controlled |
| O24.414 | Gestational diabetes mellitus in pregnancy, insulin controlled |
| O24.415 | Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs |
| O24.419 | Gestational diabetes mellitus in pregnancy, unspecified control |
| O24.425 | Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs |
| O24.430 | Gestational diabetes mellitus in the puerperium, diet controlled |
| O24.434 | Gestational diabetes mellitus in the puerperium, insulin controlled |
| O24.435 | Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs |

NCD 190.20

***October 2017 Changes
ICD-10-CM Version – Red**



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| O24.439 | Gestational diabetes mellitus in the puerperium, unspecified control |
| O24.811 | Other pre-existing diabetes mellitus in pregnancy, first trimester |
| O24.812 | Other pre-existing diabetes mellitus in pregnancy, second trimester |
| O24.813 | Other pre-existing diabetes mellitus in pregnancy, third trimester |
| O24.819 | Other pre-existing diabetes mellitus in pregnancy, unspecified trimester |
| O24.83 | Other pre-existing diabetes mellitus in the puerperium |
| O24.911 | Unspecified diabetes mellitus in pregnancy, first trimester |
| O24.912 | Unspecified diabetes mellitus in pregnancy, second trimester |
| O24.913 | Unspecified diabetes mellitus in pregnancy, third trimester |
| O24.919 | Unspecified diabetes mellitus in pregnancy, unspecified trimester |
| O24.93 | Unspecified diabetes mellitus in the puerperium |
| O33.7XX0 Covered only for procedure code 82947. | Maternal care for disproportion due to other fetal deformities, not applicable or unspecified |
| O33.7XX1 Covered only for procedure code 82947. | Maternal care for disproportion due to other fetal deformities, fetus 1 |
| O33.7XX2 Covered only for procedure code 82947. | Maternal care for disproportion due to other fetal deformities, fetus 2 |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| O33.7XX3 Covered only for procedure code 82947. | Maternal care for disproportion due to other fetal deformities, fetus 3 |
| O33.7XX4 Covered only for procedure code 82947. | Maternal care for disproportion due to other fetal deformities, fetus 4 |
| O33.7XX5 Covered only for procedure code 82947. | Maternal care for disproportion due to other fetal deformities, fetus 5 |
| O33.7XX9 Covered only for procedure code 82947. | Maternal care for disproportion due to other fetal deformities, other fetus |
| O36.60X0 | Maternal care for excessive fetal growth, unspecified trimester, not applicable or unspecified |
| O36.60X1 | Maternal care for excessive fetal growth, unspecified trimester, fetus 1 |
| O36.60X2 | Maternal care for excessive fetal growth, unspecified trimester, fetus 2 |
| O36.60X3 | Maternal care for excessive fetal growth, unspecified trimester, fetus 3 |
| O36.60X4 | Maternal care for excessive fetal growth, unspecified trimester, fetus 4 |
| O36.60X5 | Maternal care for excessive fetal growth, unspecified trimester, fetus 5 |
| O36.60X9 | Maternal care for excessive fetal growth, unspecified trimester, other fetus |
| O36.61X0 | Maternal care for excessive fetal growth, first trimester, not applicable or unspecified |
| O36.61X1 | Maternal care for excessive fetal growth, first trimester, fetus 1 |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|----------|---|
| O36.61X2 | Maternal care for excessive fetal growth, first trimester, fetus 2 |
| O36.61X3 | Maternal care for excessive fetal growth, first trimester, fetus 3 |
| O36.61X4 | Maternal care for excessive fetal growth, first trimester, fetus 4 |
| O36.61X5 | Maternal care for excessive fetal growth, first trimester, fetus 5 |
| O36.61X9 | Maternal care for excessive fetal growth, first trimester, other fetus |
| O36.62X0 | Maternal care for excessive fetal growth, second trimester, not applicable or unspecified |
| O36.62X1 | Maternal care for excessive fetal growth, second trimester, fetus 1 |
| O36.62X2 | Maternal care for excessive fetal growth, second trimester, fetus 2 |
| O36.62X3 | Maternal care for excessive fetal growth, second trimester, fetus 3 |
| O36.62X4 | Maternal care for excessive fetal growth, second trimester, fetus 4 |
| O36.62X5 | Maternal care for excessive fetal growth, second trimester, fetus 5 |
| O36.62X9 | Maternal care for excessive fetal growth, second trimester, other fetus |
| O36.63X0 | Maternal care for excessive fetal growth, third trimester, not applicable or unspecified |
| O36.63X1 | Maternal care for excessive fetal growth, third trimester, fetus 1 |
| O36.63X2 | Maternal care for excessive fetal growth, third trimester, fetus 2 |
| O36.63X3 | Maternal care for excessive fetal growth, third trimester, fetus 3 |
| O36.63X4 | Maternal care for excessive fetal growth, third trimester, fetus 4 |
| O36.63X5 | Maternal care for excessive fetal growth, third trimester, fetus 5 |
| O36.63X9 | Maternal care for excessive fetal growth, third trimester, other fetus |
| O36.80X0 | Pregnancy with inconclusive fetal viability, not applicable or unspecified |
| O36.80X1 | Pregnancy with inconclusive fetal viability, fetus 1 |
| O36.80X2 | Pregnancy with inconclusive fetal viability, fetus 2 |
| O36.80X3 | Pregnancy with inconclusive fetal viability, fetus 3 |
| O36.80X4 | Pregnancy with inconclusive fetal viability, fetus 4 |
| O36.80X5 | Pregnancy with inconclusive fetal viability, fetus 5 |
| O36.80X9 | Pregnancy with inconclusive fetal viability, other fetus |
| O40.1XX0 | Polyhydramnios, first trimester, not applicable or unspecified |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|----------|--|
| O40.1XX1 | Polyhydramnios, first trimester, fetus 1 |
| O40.1XX2 | Polyhydramnios, first trimester, fetus 2 |
| O40.1XX3 | Polyhydramnios, first trimester, fetus 3 |
| O40.1XX4 | Polyhydramnios, first trimester, fetus 4 |
| O40.1XX5 | Polyhydramnios, first trimester, fetus 5 |
| O40.1XX9 | Polyhydramnios, first trimester, other fetus |
| O40.2XX0 | Polyhydramnios, second trimester, not applicable or unspecified |
| O40.2XX1 | Polyhydramnios, second trimester, fetus 1 |
| O40.2XX2 | Polyhydramnios, second trimester, fetus 2 |
| O40.2XX3 | Polyhydramnios, second trimester, fetus 3 |
| O40.2XX4 | Polyhydramnios, second trimester, fetus 4 |
| O40.2XX5 | Polyhydramnios, second trimester, fetus 5 |
| O40.2XX9 | Polyhydramnios, second trimester, other fetus |
| O40.3XX0 | Polyhydramnios, third trimester, not applicable or unspecified |
| O40.3XX1 | Polyhydramnios, third trimester, fetus 1 |
| O40.3XX2 | Polyhydramnios, third trimester, fetus 2 |
| O40.3XX3 | Polyhydramnios, third trimester, fetus 3 |
| O40.3XX4 | Polyhydramnios, third trimester, fetus 4 |
| O40.3XX5 | Polyhydramnios, third trimester, fetus 5 |
| O40.3XX9 | Polyhydramnios, third trimester, other fetus |
| O40.9XX0 | Polyhydramnios, unspecified trimester, not applicable or unspecified |
| O40.9XX1 | Polyhydramnios, unspecified trimester, fetus 1 |
| O40.9XX2 | Polyhydramnios, unspecified trimester, fetus 2 |
| O40.9XX3 | Polyhydramnios, unspecified trimester, fetus 3 |
| O40.9XX4 | Polyhydramnios, unspecified trimester, fetus 4 |
| O40.9XX5 | Polyhydramnios, unspecified trimester, fetus 5 |
| O40.9XX9 | Polyhydramnios, unspecified trimester, other fetus |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| O44.20 Covered only for procedure code 82947. | Partial placenta previa NOS or without hemorrhage, unspecified trimester |
| O44.21 Covered only for procedure code 82947. | Partial placenta previa NOS or without hemorrhage, first trimester |
| O44.22 Covered only for procedure code 82947. | Partial placenta previa NOS or without hemorrhage, second trimester |
| O44.23 Covered only for procedure code 82947. | Partial placenta previa NOS or without hemorrhage, third trimester |
| O44.30 Covered only for procedure code 82947. | Partial placenta previa with hemorrhage, unspecified trimester |
| O44.31 Covered only for procedure code 82947. | Partial placenta previa with hemorrhage, first trimester |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| O44.32 Covered only for procedure code 82947. | Partial placenta previa with hemorrhage, second trimester |
| O44.33 Covered only for procedure code 82947. | Partial placenta previa with hemorrhage, third trimester |
| O44.40 Covered only for procedure code 82947. | Low lying placenta NOS or without hemorrhage, unspecified trimester |
| O44.41 Covered only for procedure code 82947. | Low lying placenta NOS or without hemorrhage, first trimester |
| O44.42 Covered only for procedure code 82947. | Low lying placenta NOS or without hemorrhage, second trimester |
| O44.43 Covered only for procedure code 82947. | Low lying placenta NOS or without hemorrhage, third trimester |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| O44.50 Covered only for procedure code 82947. | Low lying placenta with hemorrhage, unspecified trimester |
| O44.51 Covered only for procedure code 82947. | Low lying placenta with hemorrhage, first trimester |
| O44.52 Covered only for procedure code 82947. | Low lying placenta with hemorrhage, second trimester |
| O44.53 Covered only for procedure code 82947. | Low lying placenta with hemorrhage, third trimester |
| O99.810 | Abnormal glucose complicating pregnancy |
| O99.815 | Abnormal glucose complicating the puerperium |
| O99.840 | Bariatric surgery status complicating pregnancy, unspecified trimester |
| O99.841 | Bariatric surgery status complicating pregnancy, first trimester |
| O99.842 | Bariatric surgery status complicating pregnancy, second trimester |
| O99.843 | Bariatric surgery status complicating pregnancy, third trimester |
| O99.844 | Bariatric surgery status complicating childbirth |
| O99.845 | Bariatric surgery status complicating the puerperium |
| R00.0 | Tachycardia, unspecified |
| R06.00 | Dyspnea, unspecified |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--------|--|
| R06.09 | Other forms of dyspnea |
| R06.3 | Periodic breathing |
| R06.4 | Hyperventilation |
| R06.83 | Snoring |
| R06.89 | Other abnormalities of breathing |
| R07.9 | Chest pain, unspecified |
| R15.0 | Incomplete defecation |
| R15.1 | Fecal smearing |
| R15.2 | Fecal urgency |
| R15.9 | Full incontinence of feces |
| R16.0 | Hepatomegaly, not elsewhere classified |
| R16.2 | Hepatomegaly with splenomegaly, not elsewhere classified |
| R19.7 | Diarrhea, unspecified |
| R20.0 | Anesthesia of skin |
| R20.1 | Hypoesthesia of skin |
| R20.2 | Paresthesia of skin |
| R20.3 | Hyperesthesia |
| R20.8 | Other disturbances of skin sensation |
| R20.9 | Unspecified disturbances of skin sensation |
| R25.0 | Abnormal head movements |
| R25.1 | Tremor, unspecified |
| R25.2 | Cramp and spasm |
| R25.3 | Fasciculation |
| R25.8 | Other abnormal involuntary movements |
| R25.9 | Unspecified abnormal involuntary movements |
| R29.2 | Abnormal reflex |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|---|--------------------|
| R29.700 Covered only for procedure code 82947. | NIHSS score 0 |
| R29.701 Covered only for procedure code 82947. | NIHSS score 1 |
| R29.702 Covered only for procedure code 82947. | NIHSS score 2 |
| R29.703 Covered only for procedure code 82947. | NIHSS score 3 |
| R29.704 Covered only for procedure code 82947. | NIHSS score 4 |
| R29.705 Covered only for procedure code 82947. | NIHSS score 5 |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|---|----------------|
| R29.706 Covered only for procedure code 82947. | NIHSS score 6 |
| R29.707 Covered only for procedure code 82947. | NIHSS score 7 |
| R29.708 Covered only for procedure code 82947. | NIHSS score 8 |
| R29.709 Covered only for procedure code 82947. | NIHSS score 9 |
| R29.710 Covered only for procedure code 82947. | NIHSS score 10 |
| R29.711 Covered only for procedure code 82947. | NIHSS score 11 |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|---|----------------|
| R29.712 Covered only for procedure code 82947. | NIHSS score 12 |
| R29.713 Covered only for procedure code 82947. | NIHSS score 13 |
| R29.714 Covered only for procedure code 82947. | NIHSS score 14 |
| R29.715 Covered only for procedure code 82947. | NIHSS score 15 |
| R29.716 Covered only for procedure code 82947. | NIHSS score 16 |
| R29.717 Covered only for procedure code 82947. | NIHSS score 17 |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|---|--------------------|
| R29.718 Covered only for procedure code 82947. | NIHSS score 18 |
| R29.719 Covered only for procedure code 82947. | NIHSS score 19 |
| R29.720 Covered only for procedure code 82947. | NIHSS score 20 |
| R29.721 Covered only for procedure code 82947. | NIHSS score 21 |
| R29.722 Covered only for procedure code 82947. | NIHSS score 22 |
| R29.723 Covered only for procedure code 82947. | NIHSS score 23 |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|---|----------------|
| R29.724 Covered only for procedure code 82947. | NIHSS score 24 |
| R29.725 Covered only for procedure code 82947. | NIHSS score 25 |
| R29.726 Covered only for procedure code 82947. | NIHSS score 26 |
| R29.727 Covered only for procedure code 82947. | NIHSS score 27 |
| R29.728 Covered only for procedure code 82947. | NIHSS score 28 |
| R29.729 Covered only for procedure code 82947. | NIHSS score 29 |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|---|----------------|
| R29.730 Covered only for procedure code 82947. | NIHSS score 30 |
| R29.731 Covered only for procedure code 82947. | NIHSS score 31 |
| R29.732 Covered only for procedure code 82947. | NIHSS score 32 |
| R29.733 Covered only for procedure code 82947. | NIHSS score 33 |
| R29.734 Covered only for procedure code 82947. | NIHSS score 34 |
| R29.735 Covered only for procedure code 82947. | NIHSS score 35 |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|---|----------------|
| R29.736 Covered only for procedure code 82947. | NIHSS score 36 |
| R29.737 Covered only for procedure code 82947. | NIHSS score 37 |
| R29.738 Covered only for procedure code 82947. | NIHSS score 38 |
| R29.739 Covered only for procedure code 82947. | NIHSS score 39 |
| R29.740 Covered only for procedure code 82947. | NIHSS score 40 |
| R29.741 Covered only for procedure code 82947. | NIHSS score 41 |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|---|---|
| R29.742 Covered only for procedure code 82947. | NIHSS score 42 |
| R35.0 | Frequency of micturition |
| R35.1 | Nocturia |
| R35.8 | Other polyuria |
| R40.0 | Somnolence |
| R40.1 | Stupor |
| R40.20 | Unspecified coma |
| R40.2110 | Coma scale, eyes open, never, unspecified time |
| R40.2111 | Coma scale, eyes open, never, in the field [EMT or ambulance] |
| R40.2112 | Coma scale, eyes open, never, at arrival to emergency department |
| R40.2113 | Coma scale, eyes open, never, at hospital admission |
| R40.2114 | Coma scale, eyes open, never, 24 hours or more after hospital admission |
| R40.2120 | Coma scale, eyes open, to pain, unspecified time |
| R40.2121 | Coma scale, eyes open, to pain, in the field [EMT or ambulance] |
| R40.2122 | Coma scale, eyes open, to pain, at arrival to emergency department |
| R40.2123 | Coma scale, eyes open, to pain, at hospital admission |
| R40.2124 | Coma scale, eyes open, to pain, 24 hours or more after hospital admission |
| R40.2210 | Coma scale, best verbal response, none, unspecified time |
| R40.2211 | Coma scale, best verbal response, none, in the field [EMT or ambulance] |
| R40.2212 | Coma scale, best verbal response, none, at arrival to emergency department |
| R40.2213 | Coma scale, best verbal response, none, at hospital admission |
| R40.2214 | Coma scale, best verbal response, none, 24 hours or more after hospital admission |
| R40.2220 | Coma scale, best verbal response, incomprehensible words, unspecified time |
| R40.2221 | Coma scale, best verbal response, incomprehensible words, in the field [EMT or ambulance] |

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***October 2017 Changes
ICD-10-CM Version – Red**



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| R40.2222 | Coma scale, best verbal response, incomprehensible words, at arrival to emergency department |
| R40.2223 | Coma scale, best verbal response, incomprehensible words, at hospital admission |
| R40.2224 | Coma scale, best verbal response, incomprehensible words, 24 hours or more after hospital admission |
| R40.2310 | Coma scale, best motor response, none, unspecified time |
| R40.2311 | Coma scale, best motor response, none, in the field [EMT or ambulance] |
| R40.2312 | Coma scale, best motor response, none, at arrival to emergency department |
| R40.2313 | Coma scale, best motor response, none, at hospital admission |
| R40.2314 | Coma scale, best motor response, none, 24 hours or more after hospital admission |
| R40.2320 | Coma scale, best motor response, extension, unspecified time |
| R40.2321 | Coma scale, best motor response, extension, in the field [EMT or ambulance] |
| R40.2322 | Coma scale, best motor response, extension, at arrival to emergency department |
| R40.2323 | Coma scale, best motor response, extension, at hospital admission |
| R40.2324 | Coma scale, best motor response, extension, 24 hours or more after hospital admission |
| R40.2340 | Coma scale, best motor response, flexion withdrawal, unspecified time |
| R40.2341 | Coma scale, best motor response, flexion withdrawal, in the field [EMT or ambulance] |
| R40.2342 | Coma scale, best motor response, flexion withdrawal, at arrival to emergency department |
| R40.2343 | Coma scale, best motor response, flexion withdrawal, at hospital admission |
| R40.2344 | Coma scale, best motor response, flexion withdrawal, 24 hours or more after hospital admission |
| R40.2410 Covered only for procedure code 82947. | Glasgow coma scale score 13-15, unspecified time |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| R40.2411 Covered only for procedure code 82947. | Glasgow coma scale score 13-15, in the field [EMT or ambulance] |
| R40.2412 Covered only for procedure code 82947. | Glasgow coma scale score 13-15, at arrival to emergency department |
| R40.2413 Covered only for procedure code 82947. | Glasgow coma scale score 13-15, at hospital admission |
| R40.2414 Covered only for procedure code 82947. | Glasgow coma scale score 13-15, 24 hours or more after hospital admission |
| R40.2420 Covered only for procedure code 82947. | Glasgow coma scale score 9-12, unspecified time |
| R40.2421 Covered only for procedure code 82947. | Glasgow coma scale score 9-12, in the field [EMT or ambulance] |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| R40.2422 Covered only for procedure code 82947. | Glasgow coma scale score 9-12, at arrival to emergency department |
| R40.2423 Covered only for procedure code 82947. | Glasgow coma scale score 9-12, at hospital admission |
| R40.2424 Covered only for procedure code 82947. | Glasgow coma scale score 9-12, 24 hours or more after hospital admission |
| R40.2430 Covered only for procedure code 82947. | Glasgow coma scale score 3-8, unspecified time |
| R40.2431 Covered only for procedure code 82947. | Glasgow coma scale score 3-8, in the field [EMT or ambulance] |
| R40.2432 Covered only for procedure code 82947. | Glasgow coma scale score 3-8, at arrival to emergency department |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| R40.2433 Covered only for procedure code 82947. | Glasgow coma scale score 3-8, at hospital admission |
| R40.2434 Covered only for procedure code 82947. | Glasgow coma scale score 3-8, 24 hours or more after hospital admission |
| R40.2440 Covered only for procedure code 82947. | Other coma, without documented Glasgow coma scale score, or with partial score reported, unspecified time |
| R40.2441 Covered only for procedure code 82947. | Other coma, without documented Glasgow coma scale score, or with partial score reported, in the field [EMT or ambulance] |
| R40.2442 Covered only for procedure code 82947. | Other coma, without documented Glasgow coma scale score, or with partial score reported, at arrival to emergency department |
| R40.2443 Covered only for procedure code 82947. | Other coma, without documented Glasgow coma scale score, or with partial score reported, at hospital admission |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| R40.2444 Covered only for procedure code 82947. | Other coma, without documented Glasgow coma scale score, or with partial score reported, 24 hours or more after hospital admission |
| R40.4 | Transient alteration of awareness |
| R42 | Dizziness and giddiness |
| R45.2 | Unhappiness |
| R45.5 | Hostility |
| R45.6 | Violent behavior |
| R53.0 | Neoplastic (malignant) related fatigue |
| R53.1 | Weakness |
| R53.2 | Functional quadriplegia |
| R53.81 | Other malaise |
| R53.82 | Chronic fatigue, unspecified |
| R53.83 | Other fatigue |
| R55 | Syncope and collapse |
| R56.00 | Simple febrile convulsions |
| R56.01 | Complex febrile convulsions |
| R56.1 | Post traumatic seizures |
| R56.9 | Unspecified convulsions |
| R61 | Generalized hyperhidrosis |
| R63.1 | Polydipsia |
| R63.2 | Polyphagia |
| R63.4 | Abnormal weight loss |
| R63.5 | Abnormal weight gain |
| R64 | Cachexia |
| R68.2 | Dry mouth, unspecified |
| R73.01 | Impaired fasting glucose |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| R73.02 | Impaired glucose tolerance (oral) |
| R73.03 | Prediabetes |
| R73.09 | Other abnormal glucose |
| R73.9 | Hyperglycemia, unspecified |
| R78.71 | Abnormal lead level in blood |
| R78.79 | Finding of abnormal level of heavy metals in blood |
| R78.89 | Finding of other specified substances, not normally found in blood |
| R79.0 | Abnormal level of blood mineral |
| R79.89 | Other specified abnormal findings of blood chemistry |
| R79.9 | Abnormal finding of blood chemistry, unspecified |
| R80.0 | Isolated proteinuria |
| R80.1 | Persistent proteinuria, unspecified |
| R80.3 | Bence Jones proteinuria |
| R80.8 | Other proteinuria |
| R80.9 | Proteinuria, unspecified |
| R81 | Glycosuria |
| S02.101A Covered only for procedure code 82947. | Fracture of base of skull, right side, initial encounter for closed fracture |
| S02.101B Covered only for procedure code 82947. | Fracture of base of skull, right side, initial encounter for open fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| S02.102A Covered only for procedure code 82947. | Fracture of base of skull, left side, initial encounter for closed fracture |
| S02.102B Covered only for procedure code 82947. | Fracture of base of skull, left side, initial encounter for open fracture |
| S02.109A Covered only for procedure code 82947. | Fracture of base of skull, unspecified side, initial encounter for closed fracture |
| S02.109B Covered only for procedure code 82947. | Fracture of base of skull, unspecified side, initial encounter for open fracture |
| S02.11AA Covered only for procedure code 82947. | Type I occipital condyle fracture, right side, initial encounter for closed fracture |
| S02.11AB Covered only for procedure code 82947. | Type I occipital condyle fracture, right side, initial encounter for open fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| S02.11BA Covered only for procedure code 82947. | Type I occipital condyle fracture, left side, initial encounter for closed fracture |
| S02.11BB Covered only for procedure code 82947. | Type I occipital condyle fracture, left side, initial encounter for open fracture |
| S02.11CA Covered only for procedure code 82947. | Type II occipital condyle fracture, right side, initial encounter for closed fracture |
| S02.11CB Covered only for procedure code 82947. | Type II occipital condyle fracture, right side, initial encounter for open fracture |
| S02.11DA Covered only for procedure code 82947. | Type II occipital condyle fracture, left side, initial encounter for closed fracture |
| S02.11DB Covered only for procedure code 82947. | Type II occipital condyle fracture, left side, initial encounter for open fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| S02.11EA Covered only for procedure code 82947. | Type III occipital condyle fracture, right side, initial encounter for closed fracture |
| S02.11EB Covered only for procedure code 82947. | Type III occipital condyle fracture, right side, initial encounter for open fracture |
| S02.11FA Covered only for procedure code 82947. | Type III occipital condyle fracture, left side, initial encounter for closed fracture |
| S02.11FB Covered only for procedure code 82947. | Type III occipital condyle fracture, left side, initial encounter for open fracture |
| S02.11GA Covered only for procedure code 82947. | Other fracture of occiput, right side, initial encounter for closed fracture |
| S02.11GB Covered only for procedure code 82947. | Other fracture of occiput, right side, initial encounter for open fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| S02.11HA Covered only for procedure code 82947. | Other fracture of occiput, left side, initial encounter for closed fracture |
| S02.11HB Covered only for procedure code 82947. | Other fracture of occiput, left side, initial encounter for open fracture |
| S02.30XA Covered only for procedure code 82947. | Fracture of orbital floor, unspecified side, initial encounter for closed fracture |
| S02.30XB Covered only for procedure code 82947. | Fracture of orbital floor, unspecified side, initial encounter for open fracture |
| S02.31XA Covered only for procedure code 82947. | Fracture of orbital floor, right side, initial encounter for closed fracture |
| S02.31XB Covered only for procedure code 82947. | Fracture of orbital floor, right side, initial encounter for open fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| S02.32XA Covered only for procedure code 82947. | Fracture of orbital floor, left side, initial encounter for closed fracture |
| S02.32XB Covered only for procedure code 82947. | Fracture of orbital floor, left side, initial encounter for open fracture |
| S02.40AA Covered only for procedure code 82947. | Malar fracture, right side, initial encounter for closed fracture |
| S02.40AB Covered only for procedure code 82947. | Malar fracture, right side, initial encounter for open fracture |
| S02.40BA Covered only for procedure code 82947. | Malar fracture, left side, initial encounter for closed fracture |
| S02.40BB Covered only for procedure code 82947. | Malar fracture, left side, initial encounter for open fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| S02.40CA Covered only for procedure code 82947. | Maxillary fracture, right side, initial encounter for closed fracture |
| S02.40CB Covered only for procedure code 82947. | Maxillary fracture, right side, initial encounter for open fracture |
| S02.40DA Covered only for procedure code 82947. | Maxillary fracture, left side, initial encounter for closed fracture |
| S02.40DB Covered only for procedure code 82947. | Maxillary fracture, left side, initial encounter for open fracture |
| S02.40EA Covered only for procedure code 82947. | Zygomatic fracture, right side, initial encounter for closed fracture |
| S02.40EB Covered only for procedure code 82947. | Zygomatic fracture, right side, initial encounter for open fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| S02.40FA Covered only for procedure code 82947. | Zygomatic fracture, left side, initial encounter for closed fracture |
| S02.40FB Covered only for procedure code 82947. | Zygomatic fracture, left side, initial encounter for open fracture |
| S02.601A Covered only for procedure code 82947. | Fracture of unspecified part of body of right mandible, initial encounter for closed fracture |
| S02.601B Covered only for procedure code 82947. | Fracture of unspecified part of body of right mandible, initial encounter for open fracture |
| S02.602A Covered only for procedure code 82947. | Fracture of unspecified part of body of left mandible, initial encounter for closed fracture |
| S02.602B Covered only for procedure code 82947. | Fracture of unspecified part of body of left mandible, initial encounter for open fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| S02.610A Covered only for procedure code 82947. | Fracture of condylar process of mandible, unspecified side, initial encounter for closed fracture |
| S02.610B Covered only for procedure code 82947. | Fracture of condylar process of mandible, unspecified side, initial encounter for open fracture |
| S02.611A Covered only for procedure code 82947. | Fracture of condylar process of right mandible, initial encounter for closed fracture |
| S02.611B Covered only for procedure code 82947. | Fracture of condylar process of right mandible, initial encounter for open fracture |
| S02.612A Covered only for procedure code 82947. | Fracture of condylar process of left mandible, initial encounter for closed fracture |
| S02.612B Covered only for procedure code 82947. | Fracture of condylar process of left mandible, initial encounter for open fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| S02.620A Covered only for procedure code 82947. | Fracture of subcondylar process of mandible, unspecified side, initial encounter for closed fracture |
| S02.620B Covered only for procedure code 82947. | Fracture of subcondylar process of mandible, unspecified side, initial encounter for open fracture |
| S02.621A Covered only for procedure code 82947. | Fracture of subcondylar process of right mandible, initial encounter for closed fracture |
| S02.621B Covered only for procedure code 82947. | Fracture of subcondylar process of right mandible, initial encounter for open fracture |
| S02.622A Covered only for procedure code 82947. | Fracture of subcondylar process of left mandible, initial encounter for closed fracture |
| S02.622B Covered only for procedure code 82947. | Fracture of subcondylar process of left mandible, initial encounter for open fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| S02.630A Covered only for procedure code 82947. | Fracture of coronoid process of mandible, unspecified side, initial encounter for closed fracture |
| S02.630B Covered only for procedure code 82947. | Fracture of coronoid process of mandible, unspecified side, initial encounter for open fracture |
| S02.631A Covered only for procedure code 82947. | Fracture of coronoid process of right mandible, initial encounter for closed fracture |
| S02.631B Covered only for procedure code 82947. | Fracture of coronoid process of right mandible, initial encounter for open fracture |
| S02.632A Covered only for procedure code 82947. | Fracture of coronoid process of left mandible, initial encounter for closed fracture |
| S02.632B Covered only for procedure code 82947. | Fracture of coronoid process of left mandible, initial encounter for open fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| S02.640A Covered only for procedure code 82947. | Fracture of ramus of mandible, unspecified side, initial encounter for closed fracture |
| S02.640B Covered only for procedure code 82947. | Fracture of ramus of mandible, unspecified side, initial encounter for open fracture |
| S02.641A Covered only for procedure code 82947. | Fracture of ramus of right mandible, initial encounter for closed fracture |
| S02.641B Covered only for procedure code 82947. | Fracture of ramus of right mandible, initial encounter for open fracture |
| S02.642A Covered only for procedure code 82947. | Fracture of ramus of left mandible, initial encounter for closed fracture |
| S02.642B Covered only for procedure code 82947. | Fracture of ramus of left mandible, initial encounter for open fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| S02.650A Covered only for procedure code 82947. | Fracture of angle of mandible, unspecified side, initial encounter for closed fracture |
| S02.650B Covered only for procedure code 82947. | Fracture of angle of mandible, unspecified side, initial encounter for open fracture |
| S02.651A Covered only for procedure code 82947. | Fracture of angle of right mandible, initial encounter for closed fracture |
| S02.651B Covered only for procedure code 82947. | Fracture of angle of right mandible, initial encounter for open fracture |
| S02.652A Covered only for procedure code 82947. | Fracture of angle of left mandible, initial encounter for closed fracture |
| S02.652B Covered only for procedure code 82947. | Fracture of angle of left mandible, initial encounter for open fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| S02.670A Covered only for procedure code 82947. | Fracture of alveolus of mandible, unspecified side, initial encounter for closed fracture |
| S02.670B Covered only for procedure code 82947. | Fracture of alveolus of mandible, unspecified side, initial encounter for open fracture |
| S02.671A Covered only for procedure code 82947. | Fracture of alveolus of right mandible, initial encounter for closed fracture |
| S02.671B Covered only for procedure code 82947. | Fracture of alveolus of right mandible, initial encounter for open fracture |
| S02.672A Covered only for procedure code 82947. | Fracture of alveolus of left mandible, initial encounter for closed fracture |
| S02.672B Covered only for procedure code 82947. | Fracture of alveolus of left mandible, initial encounter for open fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| S02.80XA Covered only for procedure code 82947. | Fracture of other specified skull and facial bones, unspecified side, initial encounter for closed fracture |
| S02.80XB Covered only for procedure code 82947. | Fracture of other specified skull and facial bones, unspecified side, initial encounter for open fracture |
| S02.81XA Covered only for procedure code 82947. | Fracture of other specified skull and facial bones, right side, initial encounter for closed fracture |
| S02.81XB Covered only for procedure code 82947. | Fracture of other specified skull and facial bones, right side, initial encounter for open fracture |
| S02.82XA Covered only for procedure code 82947. | Fracture of other specified skull and facial bones, left side, initial encounter for closed fracture |
| S02.82XB Covered only for procedure code 82947. | Fracture of other specified skull and facial bones, left side, initial encounter for open fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| S92.812A Covered only for procedure code 82947. | Other fracture of left foot, initial encounter for closed fracture |
| S92.812B Covered only for procedure code 82947. | Other fracture of left foot, initial encounter for open fracture |
| S92.819A Covered only for procedure code 82947. | Other fracture of unspecified foot, initial encounter for closed fracture |
| S92.819B Covered only for procedure code 82947. | Other fracture of unspecified foot, initial encounter for open fracture |
| S99.001A Covered only for procedure code 82947. | Unspecified physeal fracture of right calcaneus, initial encounter for closed fracture |
| S99.002A Covered only for procedure code 82947. | Unspecified physeal fracture of left calcaneus, initial encounter for closed fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| S99.002B Covered only for procedure code 82947. | Unspecified physeal fracture of left calcaneus, initial encounter for open fracture |
| S99.009A Covered only for procedure code 82947. | Unspecified physeal fracture of unspecified calcaneus, initial encounter for closed fracture |
| S99.009B Covered only for procedure code 82947. | Unspecified physeal fracture of unspecified calcaneus, initial encounter for open fracture |
| S99.011B Covered only for procedure code 82947. | Salter-Harris Type I physeal fracture of right calcaneus, initial encounter for open fracture |
| S99.011D Covered only for procedure code 82947. | Salter-Harris Type I physeal fracture of right calcaneus, subsequent encounter for fracture with routine healing |
| S99.012A Covered only for procedure code 82947. | Salter-Harris Type I physeal fracture of left calcaneus, initial encounter for closed fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| S99.012B Covered only for procedure code 82947. | Salter-Harris Type I physeal fracture of left calcaneus, initial encounter for open fracture |
| S99.019A Covered only for procedure code 82947. | Salter-Harris Type I physeal fracture of unspecified calcaneus, initial encounter for closed fracture |
| S99.019B Covered only for procedure code 82947. | Salter-Harris Type I physeal fracture of unspecified calcaneus, initial encounter for open fracture |
| S99.021A Covered only for procedure code 82947. | Salter-Harris Type II physeal fracture of right calcaneus, initial encounter for closed fracture |
| S99.021B Covered only for procedure code 82947. | Salter-Harris Type II physeal fracture of right calcaneus, initial encounter for open fracture |
| S99.022A Covered only for procedure code 82947. | Salter-Harris Type II physeal fracture of left calcaneus, initial encounter for closed fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| S99.022B Covered only for procedure code 82947. | Salter-Harris Type II physeal fracture of left calcaneus, initial encounter for open fracture |
| S99.029A Covered only for procedure code 82947. | Salter-Harris Type II physeal fracture of unspecified calcaneus, initial encounter for closed fracture |
| S99.029B Covered only for procedure code 82947. | Salter-Harris Type II physeal fracture of unspecified calcaneus, initial encounter for open fracture |
| S99.031B Covered only for procedure code 82947. | Salter-Harris Type III physeal fracture of right calcaneus, initial encounter for open fracture |
| S99.031D Covered only for procedure code 82947. | Salter-Harris Type III physeal fracture of right calcaneus, subsequent encounter for fracture with routine healing |
| S99.032A Covered only for procedure code 82947. | Salter-Harris Type III physeal fracture of left calcaneus, initial encounter for closed fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| S99.032B Covered only for procedure code 82947. | Salter-Harris Type III physeal fracture of left calcaneus, initial encounter for open fracture |
| S99.039A Covered only for procedure code 82947. | Salter-Harris Type III physeal fracture of unspecified calcaneus, initial encounter for closed fracture |
| S99.039B Covered only for procedure code 82947. | Salter-Harris Type III physeal fracture of unspecified calcaneus, initial encounter for open fracture |
| S99.041A Covered only for procedure code 82947. | Salter-Harris Type IV physeal fracture of right calcaneus, initial encounter for closed fracture |
| S99.041B Covered only for procedure code 82947. | Salter-Harris Type IV physeal fracture of right calcaneus, initial encounter for open fracture |
| S99.042A Covered only for procedure code 82947. | Salter-Harris Type IV physeal fracture of left calcaneus, initial encounter for closed fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| S99.042B Covered only for procedure code 82947. | Salter-Harris Type IV physeal fracture of left calcaneus, initial encounter for open fracture |
| S99.049A Covered only for procedure code 82947. | Salter-Harris Type IV physeal fracture of unspecified calcaneus, initial encounter for closed fracture |
| S99.049B Covered only for procedure code 82947. | Salter-Harris Type IV physeal fracture of unspecified calcaneus, initial encounter for open fracture |
| S99.091A Covered only for procedure code 82947. | Other physeal fracture of right calcaneus, initial encounter for closed fracture |
| S99.091B Covered only for procedure code 82947. | Other physeal fracture of right calcaneus, initial encounter for open fracture |
| S99.092A Covered only for procedure code 82947. | Other physeal fracture of left calcaneus, initial encounter for closed fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| S99.092B Covered only for procedure code 82947. | Other physeal fracture of left calcaneus, initial encounter for open fracture |
| S99.099A Covered only for procedure code 82947. | Other physeal fracture of unspecified calcaneus, initial encounter for closed fracture |
| S99.101A Covered only for procedure code 82947. | Unspecified physeal fracture of right metatarsal, initial encounter for closed fracture |
| S99.102A Covered only for procedure code 82947. | Unspecified physeal fracture of left metatarsal, initial encounter for closed fracture |
| S99.102B Covered only for procedure code 82947. | Unspecified physeal fracture of left metatarsal, initial encounter for open fracture |
| S99.109A Covered only for procedure code 82947. | Unspecified physeal fracture of unspecified metatarsal, initial encounter for closed fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| S99.109B Covered only for procedure code 82947. | Unspecified physeal fracture of unspecified metatarsal, initial encounter for open fracture |
| S99.111A Covered only for procedure code 82947. | Salter-Harris Type I physeal fracture of right metatarsal, initial encounter for closed fracture |
| S99.111B Covered only for procedure code 82947. | Salter-Harris Type I physeal fracture of right metatarsal, initial encounter for open fracture |
| S99.112A Covered only for procedure code 82947. | Salter-Harris Type I physeal fracture of left metatarsal, initial encounter for closed fracture |
| S99.112B Covered only for procedure code 82947. | Salter-Harris Type I physeal fracture of left metatarsal, initial encounter for open fracture |
| S99.119A Covered only for procedure code 82947. | Salter-Harris Type I physeal fracture of unspecified metatarsal, initial encounter for closed fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| S99.119B Covered only for procedure code 82947. | Salter-Harris Type I physeal fracture of unspecified metatarsal, initial encounter for open fracture |
| S99.121A Covered only for procedure code 82947. | Salter-Harris Type II physeal fracture of right metatarsal, initial encounter for closed fracture |
| S99.121B Covered only for procedure code 82947. | Salter-Harris Type II physeal fracture of right metatarsal, initial encounter for open fracture |
| S99.122A Covered only for procedure code 82947. | Salter-Harris Type II physeal fracture of left metatarsal, initial encounter for closed fracture |
| S99.122B Covered only for procedure code 82947. | Salter-Harris Type II physeal fracture of left metatarsal, initial encounter for open fracture |
| S99.129A Covered only for procedure code 82947. | Salter-Harris Type II physeal fracture of unspecified metatarsal, initial encounter for closed fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| S99.129B Covered only for procedure code 82947. | Salter-Harris Type II physeal fracture of unspecified metatarsal, initial encounter for open fracture |
| S99.131A Covered only for procedure code 82947. | Salter-Harris Type III physeal fracture of right metatarsal, initial encounter for closed fracture |
| S99.131B Covered only for procedure code 82947. | Salter-Harris Type III physeal fracture of right metatarsal, initial encounter for open fracture |
| S99.132A Covered only for procedure code 82947. | Salter-Harris Type III physeal fracture of left metatarsal, initial encounter for closed fracture |
| S99.132B Covered only for procedure code 82947. | Salter-Harris Type III physeal fracture of left metatarsal, initial encounter for open fracture |
| S99.139A Covered only for procedure code 82947. | Salter-Harris Type III physeal fracture of unspecified metatarsal, initial encounter for closed fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| S99.139B Covered only for procedure code 82947. | Salter-Harris Type III physeal fracture of unspecified metatarsal, initial encounter for open fracture |
| S99.141A Covered only for procedure code 82947. | Salter-Harris Type IV physeal fracture of right metatarsal, initial encounter for closed fracture |
| S99.141B Covered only for procedure code 82947. | Salter-Harris Type IV physeal fracture of right metatarsal, initial encounter for open fracture |
| S99.142A Covered only for procedure code 82947. | Salter-Harris Type IV physeal fracture of left metatarsal, initial encounter for closed fracture |
| S99.142B Covered only for procedure code 82947. | Salter-Harris Type IV physeal fracture of left metatarsal, initial encounter for open fracture |
| S99.149A Covered only for procedure code 82947. | Salter-Harris Type IV physeal fracture of unspecified metatarsal, initial encounter for closed fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| S99.149B Covered only for procedure code 82947. | Salter-Harris Type IV physeal fracture of unspecified metatarsal, initial encounter for open fracture |
| S99.192A Covered only for procedure code 82947. | Other physeal fracture of left metatarsal, initial encounter for closed fracture |
| S99.192B Covered only for procedure code 82947. | Other physeal fracture of left metatarsal, initial encounter for open fracture |
| S99.199A Covered only for procedure code 82947. | Other physeal fracture of unspecified metatarsal, initial encounter for closed fracture |
| S99.199B Covered only for procedure code 82947. | Other physeal fracture of unspecified metatarsal, initial encounter for open fracture |
| S99.201A Covered only for procedure code 82947. | Unspecified physeal fracture of phalanx of right toe, initial encounter for closed fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| S99.201B Covered only for procedure code 82947. | Unspecified physeal fracture of phalanx of right toe, initial encounter for open fracture |
| S99.202A Covered only for procedure code 82947. | Unspecified physeal fracture of phalanx of left toe, initial encounter for closed fracture |
| S99.202B Covered only for procedure code 82947. | Unspecified physeal fracture of phalanx of left toe, initial encounter for open fracture |
| S99.209A Covered only for procedure code 82947. | Unspecified physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture |
| S99.209B Covered only for procedure code 82947. | Unspecified physeal fracture of phalanx of unspecified toe, initial encounter for open fracture |
| S99.211A Covered only for procedure code 82947. | Salter-Harris Type I physeal fracture of phalanx of right toe, initial encounter for closed fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| S99.211B Covered only for procedure code 82947. | Salter-Harris Type I physeal fracture of phalanx of right toe, initial encounter for open fracture |
| S99.212A Covered only for procedure code 82947. | Salter-Harris Type I physeal fracture of phalanx of left toe, initial encounter for closed fracture |
| S99.212B Covered only for procedure code 82947. | Salter-Harris Type I physeal fracture of phalanx of left toe, initial encounter for open fracture |
| S99.219A Covered only for procedure code 82947. | Salter-Harris Type I physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture |
| S99.219B Covered only for procedure code 82947. | Salter-Harris Type I physeal fracture of phalanx of unspecified toe, initial encounter for open fracture |
| S99.221A Covered only for procedure code 82947. | Salter-Harris Type II physeal fracture of phalanx of right toe, initial encounter for closed fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| S99.221B Covered only for procedure code 82947. | Salter-Harris Type II physeal fracture of phalanx of right toe, initial encounter for open fracture |
| S99.222A Covered only for procedure code 82947. | Salter-Harris Type II physeal fracture of phalanx of left toe, initial encounter for closed fracture |
| S99.222B Covered only for procedure code 82947. | Salter-Harris Type II physeal fracture of phalanx of left toe, initial encounter for open fracture |
| S99.229A Covered only for procedure code 82947. | Salter-Harris Type II physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture |
| S99.229B Covered only for procedure code 82947. | Salter-Harris Type II physeal fracture of phalanx of unspecified toe, initial encounter for open fracture |
| S99.231A Covered only for procedure code 82947. | Salter-Harris Type III physeal fracture of phalanx of right toe, initial encounter for closed fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| S99.231B Covered only for procedure code 82947. | Salter-Harris Type III physeal fracture of phalanx of right toe, initial encounter for open fracture |
| S99.232A Covered only for procedure code 82947. | Salter-Harris Type III physeal fracture of phalanx of left toe, initial encounter for closed fracture |
| S99.232B Covered only for procedure code 82947. | Salter-Harris Type III physeal fracture of phalanx of left toe, initial encounter for open fracture |
| S99.239A Covered only for procedure code 82947. | Salter-Harris Type III physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture |
| S99.239B Covered only for procedure code 82947. | Salter-Harris Type III physeal fracture of phalanx of unspecified toe, initial encounter for open fracture |
| S99.241A Covered only for procedure code 82947. | Salter-Harris Type IV physeal fracture of phalanx of right toe, initial encounter for closed fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| S99.241B Covered only for procedure code 82947. | Salter-Harris Type IV physeal fracture of phalanx of right toe, initial encounter for open fracture |
| S99.242A Covered only for procedure code 82947. | Salter-Harris Type IV physeal fracture of phalanx of left toe, initial encounter for closed fracture |
| S99.242B Covered only for procedure code 82947. | Salter-Harris Type IV physeal fracture of phalanx of left toe, initial encounter for open fracture |
| S99.249A Covered only for procedure code 82947. | Salter-Harris Type IV physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture |
| S99.249B Covered only for procedure code 82947. | Salter-Harris Type IV physeal fracture of phalanx of unspecified toe, initial encounter for open fracture |
| S99.291A Covered only for procedure code 82947. | Other physeal fracture of phalanx of right toe, initial encounter for closed fracture |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| S99.291B Covered only for procedure code 82947. | Other physeal fracture of phalanx of right toe, initial encounter for open fracture |
| S99.292A Covered only for procedure code 82947. | Other physeal fracture of phalanx of left toe, initial encounter for closed fracture |
| S99.292B Covered only for procedure code 82947. | Other physeal fracture of phalanx of left toe, initial encounter for open fracture |
| S99.299A Covered only for procedure code 82947. | Other physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture |
| S99.299B Covered only for procedure code 82947. | Other physeal fracture of phalanx of unspecified toe, initial encounter for open fracture |
| T82.855A Covered only for procedure code 82947. | Stenosis of coronary artery stent, initial encounter |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| T82.855D Covered only for procedure code 82947. | Stenosis of coronary artery stent, subsequent encounter |
| T82.855S Covered only for procedure code 82947. | Stenosis of coronary artery stent, sequela |
| T82.856A Covered only for procedure code 82947. | Stenosis of peripheral vascular stent, initial encounter |
| T82.856D Covered only for procedure code 82947. | Stenosis of peripheral vascular stent, subsequent encounter |
| T82.856S Covered only for procedure code 82947. | Stenosis of peripheral vascular stent, sequela |
| V47.0XXA Covered only for procedure code 82947. | Car driver injured in collision with fixed or stationary object in nontraffic accident, initial encounter |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|---|
| V47.1XXA Covered only for procedure code 82947. | Car passenger injured in collision with fixed or stationary object in nontraffic accident, initial encounter |
| V47.3XXA Covered only for procedure code 82947. | Unspecified car occupant injured in collision with fixed or stationary object in nontraffic accident, initial encounter |
| V47.5XXA Covered only for procedure code 82947. | Car driver injured in collision with fixed or stationary object in traffic accident, initial encounter |
| V47.6XXA Covered only for procedure code 82947. | Car passenger injured in collision with fixed or stationary object in traffic accident, initial encounter |
| V47.9XXA Covered only for procedure code 82947. | Unspecified car occupant injured in collision with fixed or stationary object in traffic accident, initial encounter |
| Z05.0 Covered only for procedure code 82947. | Observation and evaluation of newborn for suspected cardiac condition ruled out |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| Z05.1 Covered only for procedure code 82947. | Observation and evaluation of newborn for suspected infectious condition ruled out |
| Z05.2 Covered only for procedure code 82947. | Observation and evaluation of newborn for suspected neurological condition ruled out |
| Z05.3 Covered only for procedure code 82947. | Observation and evaluation of newborn for suspected respiratory condition ruled out |
| Z05.41 Covered only for procedure code 82947. | Observation and evaluation of newborn for suspected genetic condition ruled out |
| Z05.42 Covered only for procedure code 82947. | Observation and evaluation of newborn for suspected metabolic condition ruled out |
| Z05.43 Covered only for procedure code 82947. | Observation and evaluation of newborn for suspected immunologic condition ruled out |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|--|--|
| Z05.5 Covered only for procedure code 82947. | Observation and evaluation of newborn for suspected gastrointestinal condition ruled out |
| Z05.6 Covered only for procedure code 82947. | Observation and evaluation of newborn for suspected genitourinary condition ruled out |
| Z05.71 Covered only for procedure code 82947. | Observation and evaluation of newborn for suspected skin and subcutaneous tissue condition ruled out |
| Z05.72 Covered only for procedure code 82947. | Observation and evaluation of newborn for suspected musculoskeletal condition ruled out |
| Z05.73 Covered only for procedure code 82947. | Observation and evaluation of newborn for suspected connective tissue condition ruled out |
| Z05.8 Covered only for procedure code 82947. | Observation and evaluation of newborn for other specified suspected condition ruled out |



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|---|--|
| Z05.9 Covered only for procedure code 82947. | Observation and evaluation of newborn for unspecified suspected condition ruled out |
| Z08 | Encounter for follow-up examination after completed treatment for malignant neoplasm |
| Z09 | Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm |
| Z13.1 Covered only for procedure code 82947. | Encounter for screening for diabetes mellitus |
| Z19.1 Covered only for procedure code 82947. | Hormone sensitive malignancy status |
| Z19.2 Covered only for procedure code 82947. | Hormone resistant malignancy status |
| Z79.02 | Long term (current) use of antithrombotics/antiplatelets |
| Z79.1 | Long term (current) use of non-steroidal anti-inflammatories (NSAID) |
| Z79.3 | Long term (current) use of hormonal contraceptives |
| Z79.4 | Long term (current) use of insulin |
| Z79.51 | Long term (current) use of inhaled steroids |
| Z79.52 | Long term (current) use of systemic steroids |
| Z79.84 | Long term (current) use of oral hypoglycemic drugs |

NCD 190.20

***October 2017 Changes
ICD-10-CM Version – Red**



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

| Code | Description |
|-------------|--|
| Z79.891 | Long term (current) use of opiate analgesic |
| Z79.899 | Other long term (current) drug therapy |
| Z84.82 | Family history of sudden infant death syndrome |

Indications

Blood glucose values are often necessary for the management of patients with diabetes mellitus, where hyperglycemia and hypoglycemia are often present. They are also critical in the determination of control of blood glucose levels in patient with impaired fasting glucose (IFG 110-125 mg/dL), patient with insulin resistance syndrome and/or carbohydrate intolerance (excessive rise in glucose following ingestion of glucose/glucose sources of food), in patient with a hypoglycemia disorder such as nesidioblastosis or insulinoma, and in patients with a catabolic or malnutrition state. In addition to conditions listed, glucose testing may be medically necessary in patients with tuberculosis, unexplained chronic or recurrent infections, alcoholism, coronary artery disease (especially in women), or unexplained skin conditions (i.e.: pruritis, skin infections, ulceration and gangrene without cause). Many medical conditions may be a consequence of a sustained elevated or depressed glucose level, including comas, seizures or epilepsy, confusion, abnormal hunger, abnormal weight loss or gain, and loss of sensation. Evaluation of glucose may be indicated in patients on medications known to affect carbohydrate metabolism.

Effective January 1, 2005, the Medicare law expanded coverage to diabetic screening services. Some forms of blood glucose testing covered under this NCD may be covered for screening purposes subject to specified frequencies. See 42 CFR410.18, sec. 90 ch.18 Claims Processing Manual for screening benefit description.

Limitations

Frequent home blood glucose testing by diabetic patients should be encouraged. In stable, non-hospitalized patients unable or unwilling to do home monitoring, it may necessary to measure quantitative blood glucose up to 4 times a year. Depending upon patient's age, type of diabetes, complications, degree of control, and other co-morbid conditions, more frequent testing than 4 times a year may be reasonable and necessary. In patients presenting nonspecific signs, symptoms, or diseases not normally associated with disturbances in glucose metabolism, a single blood glucose test may be medically necessary. Repeat testing may not be indicated unless abnormal results are found or there is a change in clinical condition. If repeat testing is performed, a diagnosis code (e.g., diabetes) should be reported to support medical necessity. However, repeat testing may be indicated where results are normal in patients with conditions of a continuing risk of glucose metabolism abnormality (e.g., monitoring glucocorticoid therapy).

ICD-10-CM Codes That Do Not Support Medical Necessity

Any ICD-10-CM code not listed in either of the ICD-10-CM covered or non-covered sections.



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Documentation Requirements

The ordering physician must include evidence in the patient's clinical record that an evaluation of history and physical preceded the ordering of glucose testing and that manifestations of abnormal glucose levels were present to warrant the testing.

Sources of Information

AACE Guidelines for Management of Diabetes Mellitus, *Endocrine Practice* (1995)1:149-157.

Bower, Bruce F. & Robert E. Moore, *Endocrine Function and Carbohydrates*.

Clinical Laboratory Medicine, K. D. McClatchy, Baltimore/Williams & Wilkins, 1994. pp 321-323.

Report of the Expert Committee on the Diagnosis and Classification of Diabetes Mellitus, *Diabetes Care*, Volume 20, Number 7, July 1997, pages 1183 et seq.

Roberts, H. J., *Difficulté Diagnoses*. W. B. Saunders Co., pp 69-70.